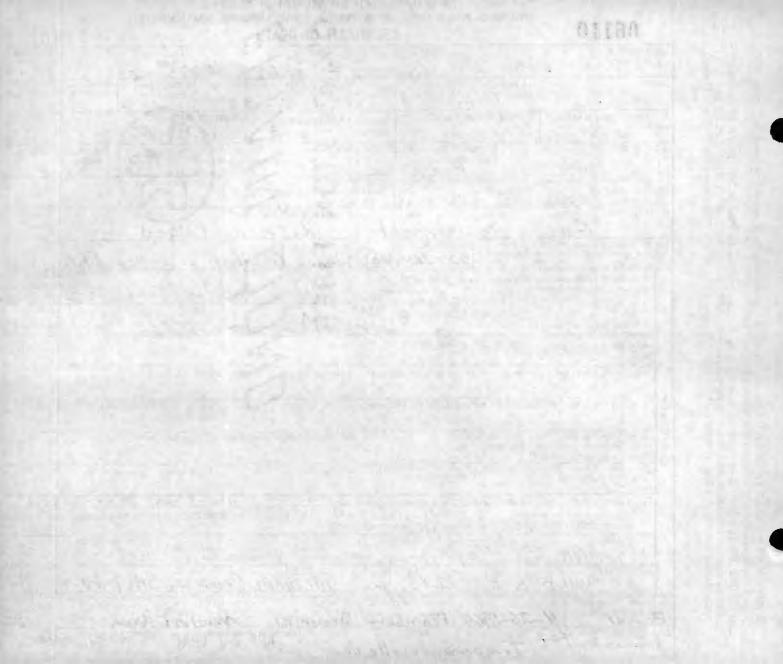
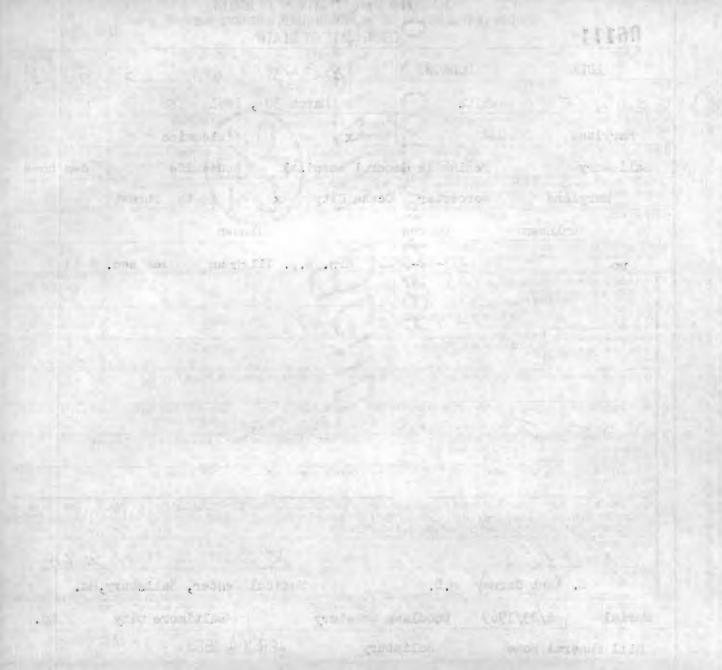
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in by Prours	70. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARR WIDOWED DIVORCE DIVORCE  NEVER MARR	PRIED 9. COUNTY OF DEATH	
thin 24 filled an pape	10. CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	DOY YEAR IF UNDER 24 HRS.  IF UNDER 1 YEAR IF UNDER 24 HRS.  S. MONTH'S DAY'S HOURS MIN  Md.  12b. KIND OF BUSINESS OR INDUSTRY  LOSI  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CELLCULOUS  CONSIDERED IN CERTIFYING  2, Item 18.)  County Stote
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PHYS the has this ce detache e Dept.	While Mot while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street	or R.F.D. No. (ity or Town	County State
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OR AT be retain DIRECTO	22b, SIGNATURE	DEGREE PHYS.	MED STAFF 22c. 1	DATE SIGNED -26-69
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Page O FUI direct shau	DEMONIAL IC -C.	DATE 23c. NAME OF CEMETERY OR CREMATORY -26-1969 Peninsula Memori	23d. LOCATION (City or Town)	(County) (Stote)
VR A15 (4) 45M - 1/69	24 FUNERAL DIRECTOR FC	ADDRESS	DATE OF THE PROPERTY OF THE PR	SIGNATURE



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ne death certificate be attending physician permit. Then please ian, ar remaval, and		. WAS DECEASED EVER IN U.S. ARM! (es, na, or unknown)   (If yes give wa	r or dotes of enough	b. SOCIAL SECURITY N				Address		
rrific phys en p aval,		no		233-72-38		E.D. Tilgh	man se	se sec.	# 13	
ing Three		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line	for (a), (b), and (c).)	1.				APPROXIMAL BETWEEN ONSE	ET AND DEATH
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res rsicio ned l iaf-tri		last.	(c)							-
sign bur		PART 2. OTHER SIGNIFICANT CONI	OITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN IN PART I	(a)		
aw I Iding Seen the ar ta	NO.	19a, DATE OF OPERATION 19b, C	ONDITION FOR WHICH	ODEDATION WAS DEE	EODMED 20- A	UTOPSY?	20b. IF YES, WERE	CIMOINOS CONSID	EDED IN CED	TIEVING
after as e as	CERTIFICATION	4-10-69	- tection	. / / /	riction YES		CAUSES OF DEATH?		EKED IN CEK	HETTING
ar ar us		210. ACCIDENT WAS UNDERLYING		JURY	3141-01	OCCURRED (Enter note	ure of injury in Part I	or Part 2, Item	18.)	
Pital Pital d fa af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Manth Day Year 19						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Peres I and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours ditter death.	W		TACE OF INTURY LAT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	ORY.) 21f. LOCATION	Street at R.F.D. No.	City or Town	Cou	unty	Stote
ING by the ter t		ALMAN OLATOR	hospital) attend	led the decease	d fram 4- 20	, 1969	, to 4-27	1965	Z, that (	I) (we) lost
END ned led loud like S	Н	22a. I certify that (I) (this sow the deceased ali causes stated above,	ve on 4-	d not) view the	969, and that in	(my) (aur) apiniar	death occurred a	in the dote or	nd hour ar	nd from the
ATT CTO shau	L	22b. SIGNATURE	(13 (We) (did) (di	andi) view ine i				22c. DATE S		-
OR DIRE		John 10	ine		DEGREE PHY	NDING MED. DIRECT	OR STAFF PHYS.	14-	21-60	3
may RAL I		22d. PHYSICIAN'S NAME (Type) E. Ken	t Carney	M.D.	22e.	ADDRESS Medical C	enter, Sal		-	
UNE ector	230	RUDIAL CREMATION 235 D	ATE		EMETERY OR CREMATOR		d. LOCATION (City or T			(State)
Page din sha		PROYAL (Sequity) 4/	23/1969	Woodlav	m Cemetery		Baltimore	e City	]	Md.
VR ALS OF	24.	FUNERAL DIRECTOR Hill Funeral	Home	ADDRESS Salis	humr	2So. REC'D BY REI	SISTRAR 25b. R	REGISTRAR'S SIGNA	ATURE	e :
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06112 CERTIFICATE OF DEATH 06108 death. nero PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside corporate limits. c LENGTH OF STAY IN 16 C CITY OR TOWN If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) hours 4 Mo Salishurv d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS papers executed within 24 filled Springhill Sanitarium, Inc. NO NO within YES NAME OF First Middle DATE **Last** Month Year carbon Day completely DECEASED John Bicking April 1969 (Type or print) DEATH SFX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Days Haurs Min 6-27-1884 and in any White WIDOWED DIVORCED Male and 10b. KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done 11. B!RTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if setired COUNTRYS IN RED OR ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, ig phy Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 17. (Yes, na, ar unknown) (If yes give war ar dates of service crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and the PART I. DEATH WAS CAUSED BY ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (a) à be retained by the hospitol or ottending physician. DUF TO Signed buriol Canditions, if any, which gave (b) rise to immediate couse (o). DUF TO stoting the underlying cause as been os the prior to last 19. WAS AUTOPS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health p NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stota) Hour om factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After at work pe 21. I certify that (I) (this haspital) attended the deceased fram 19 (00 to filed with the and that death accurred at M. fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN" NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23Ь. (County) (Stote) REMOVAL (Specify) 1 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

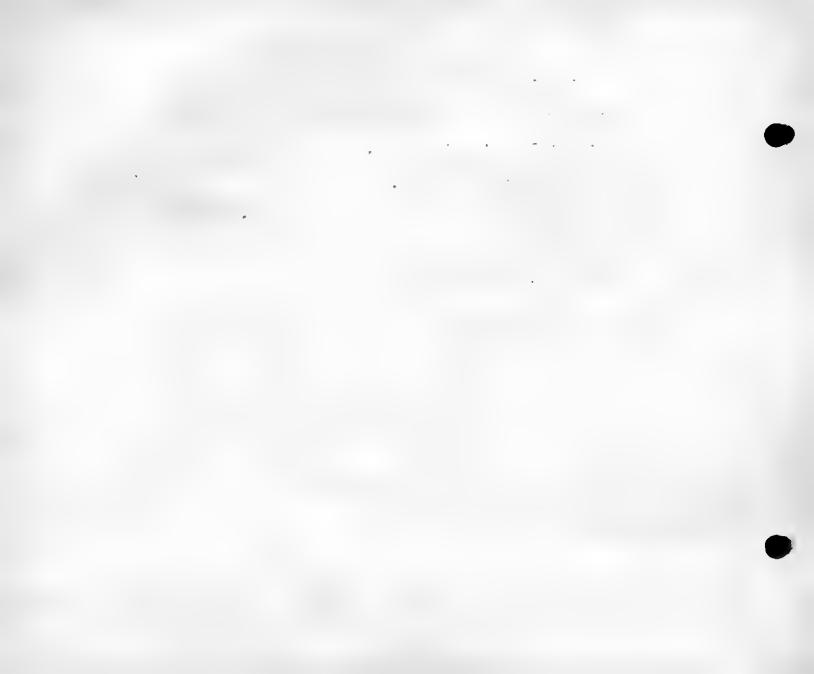
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SPITAL 4 may NERAL tar, pag tld be fil	6	NAME (Type)							
Page Page TO FUI direc shau				EMETERY OR CR		Salisbury	6 Maryl	and	(State)
VR A15	24			. Vinn		REGISTRAR 25b	REGISTRADS SI	GNATURE )	edge

MARYLAND STATE DEPARTMENT OF HEALTH

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1		06114		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	00110
iges 1 and 2 after death.	ļ			ERTIFICATE OF DEATH		06110
5		ECEASED NAME First SALL	IE ELIZABETI	H BRITTINGHAM	20 DATE OF DEATH  Month Pay  April 18	1969 25 HOUR
	3. 5	X	4. RACE	S DATE OF BIRTH	& AGE (in years	FUNDER YEAR IF UNDER 24 HRS
		Fema1e	White	October 12,19	last birthday) 75 YRS	MONTHS DAYS HOURS MIN
	7a cau	BIRTHPEACE (State or foreign http://maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH WICOMICO	Mr
1	10.	Salisbury	11 NAME OF HOSPITAL OR INST	ITUTION (fnot in hospital 120. USUA neral Hospital during ma	OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR Shift Factory
1	130		ed tived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY ON		Shirt Factory
4	adm	ss on) STATE Maryland	13k (O.MTV	Salisbury YES X NO		Street
1	14	FATHER'S NAME Farst  John	Middle Lost T. Massey	IS MOTHERS MAIDEN NAME FIT		Elliott
	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 27 or dates of service) 16b SOCIA. SECURITY NO. 220-03-502	77 Mrs. Mary C. Li	innett, Salisbury	E. Vine St. Maryland
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	MEDICAL CE	21a ACCIDENT WAS UNDERLYING ☐ or contributing ☐ cause of death (If either, notify medical examin	HOUR AM Month Day Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Ite	em 1B.)
	MEI	21d. INJURY OCCURRED 21e. I While Not while	PLACE OF INJURY (AT HOME, FARM, STREET FACTO	DRY.) 21F LOCATION Street or R.F.D. Na.		Caunty State
		22a I certify that (1) (this saw the deceased al causes stated abave	s haspital) attended the deceased ive an 19 (!) (we)(did)(did not) view the b	t fram 3-30, 196 G ond that in (my) (our) opin ody after death.		
		220 S GNATURE  220 PHYSICIAN S NAME (Type)	ohn T. Bulkeley		TO STAFE -	il 2//1969 y, Maryland
	23a	BUR AL CREMATION. 23b D	ATE 23c NAME OF C	METERY OR CREMATORY	23d LOCATION (City or Town) Salisbury, Wicomi	
1			-il 22,1969 Wicomic			
1	24.	FUNERAL DIRECTOR HOLLOWAY & COM	MPANY, SALISBURY,	ARYLAND 25 PR 2	REGISTRAR 256 REG STRAR'S S	



	1			AND STATE DEPARTMENT OF I		
		06116	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	06112
	1 0	CEASED-NAME First	10.14	CERTIFICATE OF DEATH		
(ا		una or print)	***************************************	Last	20. DATE OF DEATH	2b. HOUR
	3. SI	HAR(		BROWN		1969° 7:15AM
	3. 30		4 RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR
1	70.1	Male IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	March 8,1910	59 YRS.	
)	cani	Maryland	USA	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	10. (	ITY OR TOWN OF DEATH		INSTITUTION (1f not in hospital 120. USU)	WICOMICO	Md.
į		Salisbury	Deer's Head	State Hospital during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)  ivery Driver  I3e. STREET AND NUMBER	12b KIND OF BUSINESS OR INDUSTRY Food Wholesale
)	13o. odmi	USUAL RESIDENCE (Where deceo ssion) STATE Maryland	osed lived, if institution: Residence befa 13b. COUNTY WICOMICO	re 13c. CITY OR TOWN 13d INSIDE CITY .	imiss i3e. STREET AND NUMBER	
1	14 1	ATHER S NAME First	M. ddle Lost		irst Middle	Last
		Fredri	ck Hanson Br	own Laur		Layfield
	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURI	YNO. 17. INFORMANT (Wife)	Address P.	0. Box 1506
	ľ	es, no, or unknown) (II yes give	war or dofes of service) 214-10-90	694   Mrs. Nettie E.	Brown, Salisbury	, Maryland
			nly one couse per line for (a), (b), and ED 8Y:	(1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY:	ateral Myocardial I	nfarction	Recent
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		Conditions, if any, which gave	) Thrombotic	Occlusion of Left	Descending	Recent
		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	Coronary Ar	tery	
		lost	(c)			
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	NO	Tracheo Bronch	nitis, Recent, Cer	ebral Vascular Acci	dent, Old	Jubo 9 02.0
	ICAT	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS	200, AUTOFST	CAUSES OF DEATHS	NSIDERED IN CERTIFYING
	CERTIFICATION	21. ACCIDENT MAS HABITATION	NC Last	YES 💢 NO 🗆		
		210. ACCIDENT WAS UNDERLYIF  OR CONTRIBLTING CAUSE OF OEA	THE HOUR A.M. Month Day Ye	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Its	em 18.)
ĺ	MEDICAL	(If either, natify medical exami	iner) P.M.	19		
		While Not while of work		FACTORY ) 21f. LOCATION Street or R F D No.		County State
		22a. I certify that (M) (th	nis haspital) ottended the deced	ised from August 21, 19	00, to April 30, 19 6	) that (4) (we) last
		causes stated above	e (10 (wa) (did) (33) Will view th	ised from August 21, , 19 169, and that in (MX) (aur) api e body after death.	nion death occurred on the date	e and hour ond fram the
		225_SIGNATURE	o, pr (we/taid) tailled) view in	e body uner death.		ATE SIGNED
		(LEO)	motobil	DEGREE PHYS. D	IRECTOR PHYS X 4/	/30/69
		22d. PHYSICIAN'S		22e ADDRESS	Ma	ary land
		NAME (Type) A . C .	Mitchell, M. D.	Deer's Hea	d State Hospital,	Salisbury,
	23 a.		DATE 23c. NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) Burial Ma	v 4. 1969 Union	Church Cemetery SS 250 RECID B		mico, Maryland
	24	UNERAL DIRECTOR	ADDRE		Y REGISTRAR 2Sb REGISTRAR S Si	IGNATURE
ĺ.		HOLLOWAY & CO	MPANY SALISBURY	MARYLAND MAY	7 1969 Milanela	of freedoc.



MARYLAND STATE DEPARTMENT OF HEALTH

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	- 1	DIM.				
_ /-	- 1	06118 DIVI			IMORE, MARYLAND 21201	
				CERTIFICATE OF DEATH		06114
ah.	1		Middle	Last	2g DATE OF DEATH	2b. HOUR
dec and dec	L	VIRGIN	TALFF	CANTWELL	APRIL Day	1919114 AM
ter s i fu	[3	SEX 4. R	ACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the safe				February 4,	1911   58   YRS.	MONTHS DAYS HOURS MIN
a loon			IZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 to (#24)			Α	WIDOWED DIVORCED	Wicomico	Md.
E # 8E	7 1 4		11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a. USU)	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ely bon with		Salisbury		la General during m	ost of working life, even if refired ). ISEWIFE & retired	Merchant
ed ed car	Continued   Cont					
The land	2 [		Wicomico	Salisbury YES NO	U.S. Route #1	13
an)	) [	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F		
be din di	/ L	Lee	B. Ruark			Jenkins
an an an	Γ		CES? 16b. SOCIAL SECURITY	NO 17 INFORMANT (Daughte	Address Rt	. 13
# S C E	L		OI 2814(6)	Mrs. Violetta	M. Elrod, Salisbu	ry, Maryland
	ſ	18. CAUSE OF DEATH (Enter only one of	ause per line far (a), (b) and (c)	)		APPROXIMATE INTERVAL
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atte		and the second s				
the sit		Canditions, if any which gave )		trainity & Prilis	c Venous Stain	48
tha in. by ran:	- 1					
sed sed af-th			ORHD, 1	istallindia Spirith	a Pelvic Embol	18k
phy phy sign buri		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION G VEN IN PART (d)	
v reing		ASCUD .	-) nemiple	ara Zoto A	2 & did Roint	THPI ni AVS
lay endi s be s t		190. DATE OF OPERATION 196. CONDITI	ON FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
the see the		3130169 50991	e Embalus, Dist	A Porta YES - NO -	CAUSES OF DEATH?	es
or ate				21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, It	em 18.)
Pite afficient		S (If either, natify medical examiner)	P.M Manth Day Year	,		
HYS hosp celerche	- 13		IE INTITRY ZAT HOME FARM, STREET, FA	(TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
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Tain tain that the that			vertara) (ara nar) view me	bady after death.	) as p	
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		22d PHYSICANS	v Jyoka		RECTOR PHYS CO-	7/4/67
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		- 1	1		AKTLAND STATE DEPARTMENT OF HEALTH	04004
			I	eml FilmGul2 5/1/69 kk	ECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND  CERTIFICATE OF DEATH	06117
			1 00			
	rs after death	t at	T)	pe or print)	Mont	th 26 Doy 19 Year 2b. HOUR
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	The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in both tuneral ise as the bunal-transit permit. Then please remave carban gapes. Pages I and	ξ + γ	5	PLISBURY PRINTS	SS) // dering master warking ite even	of cettred ) INDUSTRY
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-	exe opt emo	any	14 F	THER S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME First	Middle Lost
/ E	be n or	0	_		UDALL NAIVCY	BAKER
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	e <u>E</u>	em		B. CAUSE OF DEATH (Enter only one cause per line for (a), (I PART I. DEATH WAS CAUSED BY:	(b), and <sub>y</sub> (c) )	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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	at the	mai		onditions, if any, which gave ) ise to immediate cause (o), (b)	pling low	, , , , , , , , , , , , , , , , , , , ,
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	he atte	à X	CERTIFICATION		YES NO CAUSES OF DEATH	12
	or or stell	ealt		To. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	2ic. HOW INJURY OCCURRED (Enter nature of injury in Port	I or Part 2, Item 18.)
	CIA Differ Diffe	i i	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth [ P.M. P.M.	Day Year	
	IYSI hasp cer chec	<del>-</del>	ME.	21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FAR	RM, STREET, FACIDRY, A 214 LOCATION Street or R.F.D. No. City or Town	County State
	he he this this deta	e De	П	wark at wark	11 / / /	1.6
	by 1 frer fee	ta la		2a. I certify that (1) (this haspital) attended the	e deceased from 7-2 , 190 , ta 2	6 , 19 , that (1) (13) last
	OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detached for u	he		saw the deceased alive on causes stated above, (1) (we) (dd) (d,d not)	1967, and that in (my) (our) opinion death occurred	an the dote and haur and fram the
	ATT Italin TOI	Ę		2b. SIGNATURE	yew me budy difer dediff	22c. DATE SIGNED
	OR JOE re	\$		Mens W	DEGREE PHYS DIRECTOR PHYS	0 4-26-69
	AL (	e		2d. PHYSICIAN'S	22e. ADDRESS	
	FRA me	d be		NAME (Type) NEVINS W. 1	ODD	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban p	חמנו	23 o	BURIAL, CREMATION, 23b DATE 23c	NAME OF CEMETERY OR CREMATORY 23d .OCATION (City of	
	5 5 5 p	10	1	77/117		6-Sussex-Della
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_	l	·	AKYLAND STATE DEPARTMENT OF HEALTH	
		06122 DIVISION OF VITAL RE	ECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	ı	00188	CERTIFICATE OF DEATH	06118
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and and a	7o.	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY	17? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in Fry the funeral shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages, I and it the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death	1D.	TY OR TOWN OF DEATH 11 NAME OF HOSP	PITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	
with with ban with with		1725 111	Watexman 2 Fax	INDUSTRYELF Emp
ed plet	13a	ISUAL DESIDENCE (Where deceased lived, if institution, Residen sion) STATE 13b. COUNTY	nce before 13c CITY OR TOWN / 13d INSIDE CITY JAMIS? 13e STREET AND NUMBER	
scut dame		1/4, 1/10	0m160/435/12 YES NO 1	
re executed with and completely from only event, with any event.	14.	ATHER'S NAME First 1/1 Middle	Lost IS. MOTHER'S MAIDEN NAME First Muddle	Lost
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ne death certific attending phy permit. Then p		IVO	1-1 mex COX, 145 KIN	1/1/
e Ha		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b PART I DEATH WAS CAUSED BY.	b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
end mit. ar I		, IMMEDIATE CAUSE (a)	Corebral Sprombour	3 don
aff per ion,		DUE TO, OR AS A CONSEQ	QUENCE OF	
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The law requires the attending physician. has been signed by se as the burial-tra		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEF	EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding been the ar to	30	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	ION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS	CONCINCION IN CONTINUE
The taw ratending attending has been se as the h priar ta	3	176. CONDITION FOR WHICH OPERATIO	ION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFFING
T = 1 P = 4 S = 2 A = 4 A = 4	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2,	Itam 181
IAN fical far far far far		TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month D	Doy Yeor	, 118111 10.)
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ga 3 shauld be detached far u ed with the State Dept. af Heal	MEDICAL	If either, natify medical examiner)  P.M.  21d. INJURY OCCURRED  21e. PLACE OF INJURY ( AT HOME, FAR)	19 RM, STREET, FACTORY. ] 21f. LOCATION Street or R.F.D. No. City of Town	County State
PH) e his his ditacl		While Nat while \ OFFICE BUILDII	ING, ETC	coonly 51016
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d by Aft		saw the deceased alive an 4/2.7	e deceased fram 19/31, 19/61, ta docum, 19/19/19/29, and that in (my) (aur) apinion death accurred an the d	ate and haur and from the
Sine Sine Harring		causes stated abave, (1) (we) (did/(did nat) v	view the bady after death.	
RECT STATE		22b SIGNATURE	ATTENDING MED. STAFF 22c	DATE SIGNED
be r be r DIRE		unost my tarm	DEGREE PHYS, LD DIRECTOR LD PHYS, LD	4/26/69
RAI RAI		22d. PHYSICIAN'S NAME (Type) ERWEST M. L	ARMORE DELMAR DEL	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Fritadirector, page 3 shauld be detached far use as the burial-transit permit. Then please—remave carban papels. Pages shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours	22.5	The second secon		(Country) (Country)
Page Page dire	230	BURIAL, CREMATION, 23b DATE 23c ROMOVAL (Specify), 21/28/19	MAMO OF CEMETERY OR CREMATORY  23d COONTION (City or Town)	(State)
===		UNERAL DIRECTOR	ADDRESS 7 250. RECID BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
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	1	<b>-</b>		D STATE DEPARTMENT		
		06123			BALTIMORE, MARYLAND 21201	0000
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death. geral and 2 deoth.		Ype or print LATON	CE Earl	DASHIELL	20. DATE OF DEATH  ACP Month Doy	1969 25 HOUR 8 5 M
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within 24 hours sly filled in by and papers. Pagwithin 72 hours	i i	alisbury	name of Hospital or Ins give street address) Peninsula		USUAL OCCUPATION (Kind of work done ag most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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physicion en please oval, and	100	WAS DECEASED EVER IN 5 ARMED F es, no, or unknown) (1 yes give warpro	DRCES?   16b SOCIA: SECURITY N   2/7-69-80	17 INFORMANT 195 CLARENCE E	hashall Jr. 813 Address	LEWELL THE
he death certifu attending phys permit. Then p		18. CAUSE OF DEATH (Enter only on PART 1. DEATH WAS CAUSED BY:	1.5			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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equires that th physician. signed by the burial-trons t buriol, cremati		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE DF	ed o love	struction	> 2 - 4 x 8
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D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed to Page 4 may be retained by the hospital or attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplets director, page 3 should be detached far use as the barral-trons t permit. Then please remove cort should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event.	CERTIFICATION	190. DATE OF OPERATION 196. CDND	ITIDN FOR WHICH DPERATION WAS PER	FDRMED 200 AUTDPSY? YES TO NO	206 IF YES, WERE FIND NGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
AN: al or icate far u Heoli		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME DF INJURY HOUR AM Month Doy Year	21c. HDW INJURY OCCURRED (	Enter nature of injury in Part 1 or Port 2, 1	tem 1B)
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TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt	*	While Not while of work of work		ORY.) 21f. LDCATION Street or R.F.D	). No City or Town	County State
d by After d be e Stat		22a. I certify that (!) (this has saw the deceased alive	m 414	and that is (my) (our)	ppinian death accurred an the dat	te and hour and tran the
ATTE etaine crors shoul		causes stated abave, (1)	(we) (did) (did nat) view the b	ady after death.		PATE SIGNED
L OR be re DIRE 3		Vindo	VISTER!	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS	4/5/69
TO HOSPITAL Page 4 may   TO FUNERAL D director, pag should be file		22d. PHYSICIAN S NAME (Type)		22e. ADDRESS		
D HOS	230	BURIA., CREMATION, 23b, DATE REMOVAL (Spec fy)	23 (19 23 NAME OF C	EMETERY DR (REMATDRY	23d LDCATION (City or Town)	(County) (Stote)
7-7	24.	UNERAL DIRECTOR	ADDRESS.	alvary al 250, REC	D BY REGISTRAR 256 REGISTRAR 5	MICE /Rd .
VR A15		Louth	. D. Jalley of	Elly Ka Kt 112 APR	1 5 1969 Jane	o Judge .



'		CLOTING DIAIRIO	N OF VITAL RE	CORDS, 301 W.	PRESTOR	l STREET, BALTIMORE, MA	RYLAND 21201		0 * 0 .
FOR STATE			MEDIC	AL EXAMIN	ER'S CE	RTIFICATE OF DEA	TH	0.0	6120
HEALTH DEPT.		CEASED NAME Fire		Middle		Lost	2a. DATE KNOWN IN	Manth Day	Year 2b HOU
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可必事际显介了	0	Imission) STATE Marylar	d 135. COUNTY W	icomico		isbury YES 10	1		teet
I omd 2	_	ATHER'S NAME First	Middle	Los		15 MOTHER'S MAIDEN NAME			last
		Harry	J.	Dav	is	Мо			eslie
hin 24 ncil in niner's pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED		165. SOCIAL SECURITY		7. INFORMANT (Father)			scilla St
within pencil xamine ile page 72 hou		es, na, ar unknawn)   (If yes giv	e war or dates of service)			1r. Harry J. Da			
should be executed with ward "pending" in perthe Chief Medical Exanurial-transit permit File in any event within 72	-	No.		- f (-) (b) and (		il a fidit y de bu	713, 01 1, Jul	T A	LPPROXIMATE INTERVAL
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cate ng the led the le		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTE	NO TO DEKIN BUT IN	OI KELATED	IO THE TERMINAL DISEASE OF FOU	DITION GIVEN IN PART (d)		
(AMINER: This certificate should be executed within 24 to the certificate, writing the ward "pending" in pencil in jet should be farwarded to the Chief Medical Examiner's rour files.  oge 3 should be used as a burial-transit permit file pages cremation, ar removal, and in any event within 72 hours	NO.	19g. DATE OF OPERATION		196 CONDITION FOR	WHICH OPE	RATION		20	AUTOPSY?
for w	FE			WAS PERFORME					YES NO
ER: This certificate, auld be fues.	CERTIFICATION	2 a EXTERNAL CAUSE WAS	216 TIME OF	N.JRY Month, Day, Y	ear 2	Ic HOW INJURY OCCURRED (Enter	gature of invity in Part 1 or 1	Part 2, Item 18.1	100 [] 110 (44)
outo		PRIMARY TO OR CONTRIBUTING	T S HORISTI	4-27-6	0	Fell from ho		, , , , , , , , ,	
INER: T should b files. 3 should nation, or	MEDICAL	21d WILLRY OCCURRED   21e	PLACE OF MILIPY (A	it hame form street	. 2	1f LOCATION Street or R.F.D. No.	City or Town	Count	y State
		AT WORK AT WORK	octory office building highwa	j, etc.)	·	Route 361,	Manokin,	Somers	,
					had obaw	e, held an Autapsy ,	Inspection X, Inqu		nd in my apinta
ICAL E executor. Por ed for CTOR: Burial,		death resulted from.				Suicide , Hamicide			на вт ту артна
ose rectoring in by to b		death resulted floor.	naioral caus	Active	<u> </u>			IOTRICI	
Ty, plecton during tal District the prior t		ACTUAL	1 - 1	~		CHIEF MEDICAL EXA		2b. DATE SIGNED	
ry, erol be RAL pri		SIGNATURE Earl I	. Royer,	M DX		M D ASSISTANT MEDICA:  DEPLITY MEDICA:	VAMINER L	April 28	3 /1969
DEPL eresso moy moy FUNE		Patrician and P		Salisb	ues. A		y, rown, or county)	April L	
no DEPUTY DICA necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECTI Health prior to bu	230		DATE AVE	Jailsb.	TE CEMETERY		23d LOCATION (City or Town	i) (Caunty)	(51ote)
E - E	230	PEMOVAL (Specify)					· ·	, , ,	
	24	FUNERAL D RECTOR	111 49,1	ADD WICOM	DRESS	2Sa RECD B		ISTRAR'S SIGNATUI	RE
VR ATSME (5)		HOLLOWAY & CO	MPANY. SA	ALISBURY.	MARY	100		ianles &	reday.
10M REV. 1/68 5 1						- On C	.000 //		

MARYLAND STATE DEPARTMENT OF HEALTH





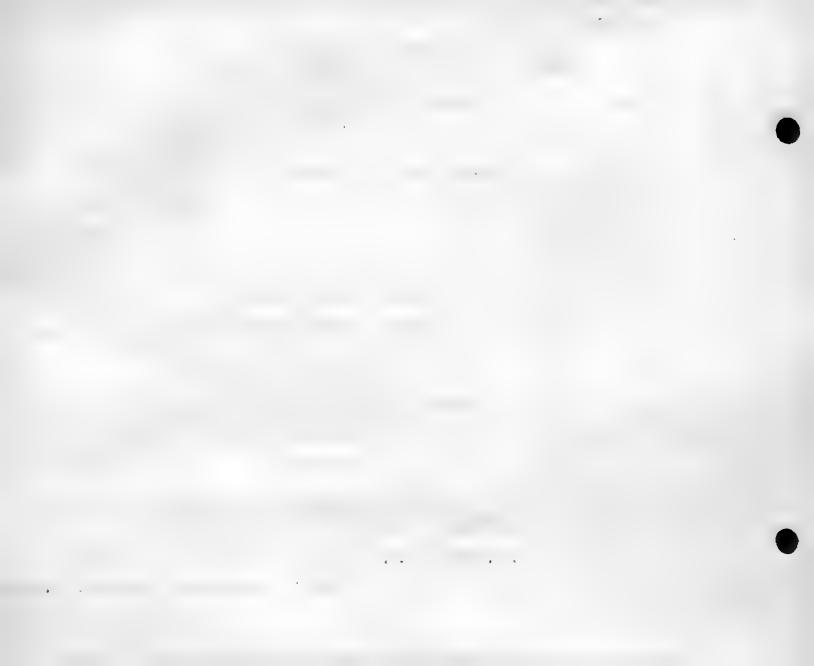
CERTIFICATE OF DEATH    OFFISH ON MATTER   J. DICKEY		06126	DIVISION OF VITAL RECORDS		BALTIMORE, MARYLAND 21201	06122
The part pint   WAITER   J. DICKEY   April 25, 1965   12:15;   3 500   MAIDE						
SEX   SATE   S			-			2b HOUR
S. DAIL OF BIRTH   OCT . 25 , 1882	1	Type or print) WAL	rer J.	DICKEY	April 25	1068 175
Male  White  OCT. 25, 1882  Barrhard (store or foreign The Country of Barrh Wary Land  U.S.A.  WINDOWS  WINDOWS	3 5	EX	4 RACE	S DATE OF BIRTH		
The minimum of the face   The tree of the content of the face   The country of the content of the face   The country of		Mole			L882   lost pirthday)	
To City or Town of Death   In Mank of Hospital or Institution (I for in hospital or State Hospital Occasion (I for I for for I for	70	PIRTE				
In the content of t	COU	ntrv1				
Salisbury    Salisbury   Salis					WICOMICO	A
130 USAA RES DEVELE (Where decosed dived, if institution Residence before   13c (ITY OR TOWN   Salisburry   YES   NO     13e. STREET AND NUMBER   13b. COUNTY   MATYLAND   13b. COUNTY	10		give street address)	due	USUAL OCCPATION (Kind of work dans	
Identification   Iden	13a	USUAL RES DENCE (Where dece	ased aved, if institution. Residence before	13c CITY OR TOWN 13d MS10	E CITY LIMITS? 13e. STREET AND NUMBER	
Identification   Iden	adm	Marriand	13b COUNTY	Salishury YES	NO NO	
THOMAS DICKEY  16c WAS DECEASED EVER IN J.S. ARMED INCRESS?  Yes, no., or Colknown)  17 NSORMANT W. DeWITT DICKEY HYATTSVILLE, MD.  18 CAUSE OF DEATH (Enter only once closes per lone for (o) (b), and (c).)  18 NAMEDIATE CAUSE (o)  18 Acute coronary thrombosis  18 NAMEDIATE CAUSE (o)  18 Acute coronary thrombosis  21 hrs  21 hrs  21 hrs  21 hrs  21 hrs  22 thrs  22 thrs  22 thrs  23 consequence of  19 O. Date of Operation  19 CONDITIONS CONSEQUENCE OF  21 of ACCIDENT WAS UNDERLYING  22 of ACCIDENT WAS UNDERLYING  23 of ACCIDENT WAS UNDERLYING  24 of ACCIDENT WAS UNDERLYING  25 of ACCIDENT WAS UNDERLYING  26 of ACCIDENT WAS UNDERLYING  27 of ACCIDENT WAS UNDERLYING  28 of ACCIDENT WAS UNDERLYING  29 of ACCIDENT WAS UNDERLYING  20 of ACC	14.				AME First Middle	last.
The Conting of Pearly (Interior on y one couse per line for (a) (b), and (c)						LUST
Tes, no, or unknown    Ulves gives were or delete of servers    W.DeWITT DICKEY HYATTSVILLE, MD.   APPRIL ORDITORY AND APPRIL ORDITORY CAUSE (a)   Acute coronary thrombosis   2th hrs	160					
The cause of Death (Enter on y one couse per line for (a) (b), and (c))   PART I DEATH WAS CAUSED BY   PART I DEATH WAS CAUSE (a)   Acute coronary thrombosis   2th hrs						
PART I DEATH WAS CAUSED BY    MMMEDIATE CAUSE (o)   Acute coronary thrombosis   21 hrs	-			M.DeMILL,	DICKEY HYATTSVIL	
PART I DEATH WAS CAUSE BY MEMERIATE CAUSE (c)  Acute coronary thrombosis  21, hrs  DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove has to consequence of the face and in the underlying cause lost  (b)  Arterioscleretic cardiovascular disease  (c)  Bronchopneumonia and pulmonary edema  1 day  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART I(e)  Carcinoma of the face  190. DATE OF OPERATION  1		18 CAUSE OF DEATH (Enter t	an y ane cause per line far (a) (b), and (c	).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Inset to immediate cause (a). Stating the underlying cause Inst  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION. GIVEN IN PART 1(c)  Carcinoma of the face  190. DATE OF OPERATION  195. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. ACCID		PART   DEATH WAS CAUS	SED BY			
Conditions, if any, which gove tase to immediate cause (c).    Due to, or as a consequence of (c)   Bronchopneumonia and pulmonary edema   1 day		4109				
See to immediate cause (a)   Stating the underlying cause   Stating to Death But not related to the terminal of the face   Stating the underlying conditions (ontributing to Death But not related to the terminal of the terminal of the face   Stating the underlying cause of Death   Stating the u		Conditions, if any, which cover			as and an disease	Venne
Bronchopneumonia and pulmonary edoma   1 day		rise to immediate cause (a)	,(((B))		ascutar disease	10919
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)  Carcinoma of the face  190. DATE OF OPERATION  195. CONDIT.ON FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  YES NO CAUSES OF DEATH?  10b CONTRIBUTING CAUSES OF DEATH?  10c COURSED  10c CAUSES OF DEATH?  10c CAUSES OF DEATH.  10c CAUSES OF DEATH.  10c CAUSES OF DEATH.  10c CAUSES OF						- 1
Carcinoma of the face  190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  210 ACCIDENT WAS UNDERLYING   21b TIME OF INJURY HOUR A M. Month Day Year III either, notify medical examiner)  210 INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 item 18)  211 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or RFD No City or Town County State at work 220. I certify that (A) (this haspital) attended the deceased from September 2519 68 , ta April 25 , 19 69 , that (A) (we) los saw the deceased above, (A) (we) (did) Addition) view the bady after death  220 PHYS.CIANS NAME (Type) A. C. Mitchell, M. D. DEGREE ATTENDING MED DIRECTOR PHYS.  230 BJRIAL (REMATION) 23b DATE 23c NAME OF CEMETERY OR CREMATORY JESTERVILLE MD.  231 BJRIAL (REMATION) 23b DATE 23c NAME OF CEMETERY OR CREMATORY JESTERVILLE MD.			(i) Bronchop	neumonia and pul	monary edema	1 day
190. DATE OF OPERATION   19b. CONDIT. ON FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   YES   No   CAUSES OF DEATH?   YES				IOT RELATED TO THE TERMINAL D SEAS	E OR CONDITION GIVEN IN PART I(c)	
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF COUNTY  21d INJURY OCCURRED While Contribution of Injury in Port 1 or Port 2 item 18)  21d INJURY OCCURRED While Contribution of Injury in Port 1 or Port 2 item 18)  21d INJURY OCCURRED OF INJURY OF ITEM 19  21d INJURY OCCURRED OF ITEM 19  21d INJURY OCCURRED OF ITEM 19  21d INJURY OCCURRED OF ITEM 18  County Stole OF INJURY OF ITEM 18  21d INJURY OCCURRED OF ITEM 18  21d INJURY OCCURRED OF ITEM 18  County in Port 1 or Port 2 item 18  County Stole Of Item 18  County Stole Of Item 18  County Stole Of Item 18  County Injury in Port 1 or Port 2 item 18  County Stole Of Item 18  County Stole Of Item 18  County Injury in Port 1 or Port 2 item 18  County Stole Of Item 18  County Stole Of Item 18  County Injury in Port 1 or Port 2 item 18  County Inju	5	Carcinoma	of the face			
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21a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  HOUR A M. Manth Day Year  If either, notify medical examiner)  Or CONTRIBUTING  OR CAUSE OF INJURY  At HOME FARM, STREET, FACTORY  OFFICE BUILDING, ETC  OFFICE BUILDING, STREET, FACTORY  OFFICE BUILDING  OFFICE  OFFICE BUILDING	T.FI			YES 🙀 N	CAUSES OF DEATH? Ye	8
OR CONTRIBUTING   CAUSE OF DIATH   HOUR A M. Month Day Year 19   19   19   19   19   19   19   19						Item 18.)
While Not while at wark at war	IGA	DR CONTRIBUTING CAUSE OF DE	HOUR A M. Month Day Year			
While Not while at wark at war	MED	21d INTORY OCCURRED 21	A PLACE OF INTERV / AT HOME FARM STREET FA		D. No.	County
22a. I certify that (A) (this haspital) attended the deceased from September 2519 68, ta April 25, 1969, that (A) (we) los saw the deceased olive on April 25, 1969, and that in (A) (our) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (A) (we) (did) (w		While Not while	OFFICE BUILDING, ETC.	ZII LOCATION STREET OF K.F.	City of 10Wh	CO 71016 71016
Couses stated abave, (1) (we) (did) Adacost) view the bady after death  22b SIGNATURE  22c DATE SIGNED  1/28/69  22d PHYS. CIAN S NAME (Type)  A. C. Mitchell, M. D.  22e ADDRESS  Deer's Head State Hospital, Salisbury,  23a BJRIAL, (REMATION, REBUYR) PATL  23b DATE  23c NAME OF CEMETERY OF CREMATORY  23d LOCAT ON (City or Town) (Caunty) (State)  23d LOCAT ON (City or Town) (State)  23d LOCAT ON (City or Town) (State)		at work at work		Carrie	10.68	40
Couses stated abave, (1) (we) (did) Adacost) view the bady after death  22b SIGNATURE  22c DATE SIGNED  1/28/69  22d PHYS. CIAN S NAME (Type)  A. C. Mitchell, M. D.  22e ADDRESS  Deer's Head State Hospital, Salisbury,  23a BJRIAL, (REMATION, REBUYR) PATL  23b DATE  23c NAME OF CEMETERY OF CREMATORY  23d LOCAT ON (City or Town) (Caunty) (State)  23d LOCAT ON (City or Town) (State)  23d LOCAT ON (City or Town) (State)		220. I certify that (A) (1	his haspital) attended the deceas	ed from September 25	19 00 , to April 25 , 19	(we) la
226 PHYS. CIANS NAME (Type)  A. C. Mitchell, M. D.  220 DEGREE PHYS.  220 ATTENDING DIRECTOR STAFF W 14/28/69  PHYS.  220 ADDRESS Deer's Head State Hospital, Salisbury,  230 BJRIAL, (REMATION, REBURNEAL)  230 DIRECTOR STAFF W 14/28/69  Maryland Deer's Head State Hospital, Salisbury,  231 DICAT ON (City or Town) (Caunty) (State)  232 DIANGE (Type)  233 DIRECTOR STAFF WILLE. MD.		saw the deceased	olive on ADITE 23	ログンス , and that in (神神) (our	) apinion death accurred an the do	ite and haur and from th
22d PHYS.CIANS NAME (Type) A. C. Mitchell, M. D. DEGREE PHYS. Deer's Head State Hospital, Salisbury,  230 BJRIAL, (REMATION, REBURPAL) 4/29/1969 OLK GROVE CEMETERY OF (REMATION) JESTERVILLE, MD.			e, the (we) (aid) townson) view the	bady after death		2172
22d PHYS. CIANS NAME (Type)  A. C. Mitchell, M. D.  22e ADDRESS  DIRECTOR L PHYS. LX 1/28/69  22e ADDRESS  Maryland  Deer's Head State Hospital, Salisbury,  23d BJRIAL (REMATION, REDURCED LY 1/29/1969)  23d LOCAT ON (City or Town) (Caunty) (State)  OLK GROVE CEMETERY  JESTERVILLE. MD.		20 NOTO TOKE	20/1/11		MED - STAFE	
NAME (Type) A. C. Mitchell, M. D. Deer's Head State Hospital, Salisbury,  230 BJRIAL (REMATION, REDURITAL)  230 ALICAT ON (City or Town) (County) (State)  231 ALICAT ON (City or Town) (County) (State)  232 ALICAT ON (City or Town) (County) (State)  233 ALICAT ON (City or Town) (County) (State)		CCOI!	uruny m.	DEGREE PHYS	DIRECTOR PHYS.	
230 BURIAL, (REMATION, REDURPAL)  230 ALYMPIAL  231 ALYMPIAL  232 ALMANE OF CEMETERY OR (REMATIORY OF CEMETERY OR CEMETERY OF						¥
RETRIENT 4/29/1969 OLK GROVE CEMETERY JESTERVILLE, MD.		MARKE (TYPE) A. C	. Mitchell, M. D.	Deer's H	ead State Hospital,	Salisbury,
PEURIAL 4/29/1969 OLK GROVE CEMETERY JESTERVILLE, MD.	23a	BURIAL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
		REURIENT				
LEVIN B. WILSON PRINCESS ANNE. MD. MAY 5 1969 Michael	14					
				WE MD.	AY 5 1969 /Cum	ling Judgles .



	MARTIAND STATE DEPARTMENT OF HEALTH
	06127 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	CERTIFICATE OF DEATH US 123
rs after death.	1 DECEASED NAME (Type or print) / CTUR RAYMUND Dinges 20. DATE OF DEATH  April 9 69 23A
de	
es fr	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years FUNDER LYRAR F FU
by the f	101476   101116   26PT, 27, 1886   22 YRS
hau de Zo	70 BIRTHPLACE (State or foreign 70 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
24 in per number 772	MIRGINITE V.S.1+. WIDOWED DIVORCED Wicomico Md
hin fill fill fill fill fill fill fill fi	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not an hospital during notes of work not be even at retired.)  120 USUAL OCCUPATION (Kind of work done during notes of working life even at retired.)  11 NAME OF HOSPITAL OR INSTITUTION (if not an hospital during notes of working life even at retired.)
wit relly wi	Salisbury   gree street address)   Salisbury   Green in sula General   during most of warking life, even if retired   INDUSTRY   Peninsula General   GRAFR
exetuted within 24 haurs after death of campletely filled in by the funeral smaye carban papers. Pages and any event, within 72 lough after death	13a USJAL RESIDENCE (Where deceased fived, if institution Residence before admission) STATE 13b. COUNTY 15c. NO 15c. N
Can Can y e	
e ren	A (1)
nd i se	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA: SECURITY NO 17 INFORMANT Address
ate death certificate be executed within 24 had attending physician and campletely filled in permit. Then please remave carban papers, ian, ar remaval, and in any event, within 72	Yes, na, or uperfound 1 tys gives war or dates of service)  166 SOCIA: SECURITY NO 17 INFORMANT  Yes, na, or uperfound 1 tys gives war or dates of service)  217-36-0602 IVIA FASO DINGES BEAUTY MID
ph nen nave	
th children	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY
dea trent rmit r, ar	DE IMMEDIATE CAUSE (o) CORDICAL I WEOMOGUS
the air	Conditions, if any, which gave)  (and thans, if any, which gave)  (b)  (and thans, if any, which gave)
nat the p. y the y insit p	rise to immediate cause (a) (b)
d b d b l-tro l, cr	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
The law requires that the death certificate attending physician. has been signed by the attending physicianse as the burial-transit permit. Then please the priar ta burial, crematian, ar remayal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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s th	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  200 AUTOPSY?  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 215 HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2 Hear 18.)
atte atte	YES NO CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
pital tific d fo af H	OR CONTRIBUTING CAUSE OF CEATH  HOUR A.M. Month Doy Year  (If either, notify medical examiner) P.M. 19  2 Id INVIDENT OF PRED. 1 216 PLACE OF INVIDENT AND STREET FACTORY 1 215 LOCATION. Street or P.S.D. No. (Pres. Town)
hasp cer iche ipt.	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State
this this dete	at wark of wark
by frer be stat	220. I certify that (I) (this hashird) attended, the deceased from March 7, 1964, to Comb 7, 1964, that (I) (this hashird) attended, the deceased from March 7, 1964, to Comb 7, 1964, that (I)
END ned R: A Jid the t	saw the deceased alive on
ATT stair shau	
OR ATTENDING PHYSICIAN: be retained by the haspital ar NIRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. af Heal	226. SIGNATURE C. JUDY M. DEGREE PHYS DIRECTOR D STAFF 11-69
AL AL Dogge	22d. PHYS CIAN S 22e ADDRESS A A A C
ERA ERA ERA ERA ERA ERA ERA ERA d be	NAME (Type) Vine Bluf Road, July Bury, Uld
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exellege 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and circutar, page 3 should be detached for use as the burial-transit permit. Then please rema should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any	230 BUR AL, CREMATION, 236 DATE   23c NAME OF CEMETERY OR CREMATORY   23d LOCAT (City or Town) (County) (State)
55 5 4 W	BEMOVAL (Specify), 4/11/69 EXERGREEN BERLIN WOR MO
VR A15 (4)	24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
45M 1 /69	Anna N. Burbye Bulen Md. APR 1 5 1969 Volumber Judge.



> V _	1			D STATE DEPARTMENT OF H		~ +
**		06128		301 W. PRESTON STREET, BALTIS	MORE, MARYLAND 21201	06124
CA!		HOTEO		CERTIFICATE OF DEATH		
€ _2€		ECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
after death he funeral ges 1 and 2 after death		Type or print) Ellen	Bell	Doane	April Month 10 Day	1969 1:30M
fun fer	3 9	EX	4 RACE	S. DATE OF BIRTH	6 AGE (In years	F JNDER I YEAR   JF UNDER 24 HRS.
N + D N		Female	Colored	2-2-1	908 last birthday) YRS.	MONTHS DAYS HOURS MIN
₩ P P P P P P P P P P P P P P P P P P P	7a	BIRTHPHACE (State or fareign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED, NEVER MARRIED 9	COUNTY OF DEATH	
in 24 ho filled in 1 papers. hin 72 h	LOL	Kinclesting	U.S.A	WIDOWED DIVORCED	Wicomice	Md
filled pape	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (if not in hospital 120 USUAL	OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
bing PHYSICIAN: The law requires that the death certificate be executed within 2 by the haspital or attending physician. We this certificate has been signed by the attending physician and completely filler be detached far use as the burial-transit permit. Then please remaye carban pay state Dept. at Health priar to burial, cremation, ar removal, and any event, within	1	Salisbury	Deer's Head	State Hospital	t of working life, even if retired }	INDUSTRY
ed plet	13a	USUAL RESIDENCE (Where deceases	al research of constitutions. Date description for facility	13c CETY OR TOWN 13d INSIDE CITY LIM	139 STREET AND NUMBER	
om om	oun	ession) STATE Maryland	Somerset	Princess Annes No	Route # 2	
exe office any	14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FIR	t Middle	last
2 5 7	7	Willin	Am Smith		LEAH V	Nit SON
a ( 3 5 8 8		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY!	4	Address	Princealange
重 素高	L	162' 40 OLOUKUOMU) (ii les Bus ann	2/2-14-4	-607A Isia	V Doane Rt#2	Box 249 mg.
ne death cei ottending p permit. The ion, ar remo		18 CAUSE OF DEATH (Enter on y	one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re		PART I. DEATH WAS CAUSED		nt cerebral thrombo	sis	8 months
afte of the only on, o		4122	DUE TO, OR AS A CONSEQUENCE OF			
at the state of th		Conditions, if any, which gove	(b) Hyperte	nsive arteriosclero	tic cardiovascula	r Years
that in. by 1 cans		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		diseas	
The law requires the attending physician, has been sigmed by se as the burial-traith priar to burial, cre		last.	(c)			
Phy sign suri		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 3(o)	
ng mg en to	22					
lov endii be s. the	ATTO	19a DATE OF OPERATION 19b CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The att of the pass of the pas	CERTIFICATION			YES NO 🔀	CAUSES OF DEATH?	
ar are		21a. ACCIDENT WAS UNDERLYING	212 112 21 111 211	21c. HOW INJURY OCCURRED (Enter I	nature of injury in Port 1 or Port 2, It	em 18)
FE STEEL STE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH				
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate as 3 shauld be detached far u ed with the State Dept. af Heal	₩.	21d INITIRY OCCURRED 21e P	LACE OF INJURY AT HOME, FARM, STREET FAC	TORY.) 21f LOCATION Street or R.F.D. No.	City ar Town	County State
this De		While Not while at work	E OFFICE BUILDING, EIC.	(		
ING Sy t fer fer oe o		22a I certify that (A) (this	haspital) attended the decease	od fram 5/14 , 19 6 9 69 , and that in (200) (aur) apin	1, to 1/10 , 19 (	, that A) (we) last
ed IND		saw the deceased aliv	ve an <b>April 10</b> 1	9 <b>69</b> , and that in (2010) (aur) apini	ian death accurred an the dat	e and havr and from the
Tie Order		22b. SIGNATURE 1 A A	(I) (429) (did) (43948t) view the I	oady after death.		
W. Fel S		ZZD. SIGNALJKE	T W Maldes W	ATTENDING ME	TAGE 3	ATE SIGNED
Dad Person		22d PHYSICIAN S	L. V. Maldve, M	22e ADDRESS	ECTOR PHYS 50 4/	/10/69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rappending to Funeral Directors. After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health priar to		NAME (Type)	Med May 1		i Hospital; Salis	sbury, Md. 21803
OSF BANE Croot	220	BURIAL, CREMATION 23b DA	TE 22, NAME OF			
Page Share s	230	REMOVAE (Specify)	.2 10 ().0	. 1 /	23d LOCATION (City or Town)	(Caunty) (State)
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		MAKTLAND STATE DEPARTMENT OF HEALTH	
/ DEADTERATE		06129 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06125
FUK STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. 6	DECEASED NAME Type or Print)  ALLE Middle DCTG PRTV 1051  20 DATE KNOWN Month D OF ESTI	7 7 1 5
y is to oge tof		JALEN JOUTJER TY DEATH MATED APTIL	
ad 3	3 5	AND SELECT SHEWLY THE SELECT SHEWLY SHEWLY THE SELECT SHEWLY	year 60 2d HOUR
iny delay is 2, and 3 to PM3 Page partment of	L. I	FK3.	year 1969 F. M
		BRRIHPLACE (Stote or foreign 75 CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  OTTY) 1'aryland USA WIDOWED DIVORCED WICCOMICO	
Give Pages 1, and with farm the State De	L	, , , , , , , , , , , , , , , , , , , ,	Md.
after deoth 3. Give Pag Jong with with the Sta			b KIND OF BUSINESS OR DUSTRY DUS Operator
ive ive			Sus Operator
	130	USUAL RES DENCE (Where deceased lived, 'finst, hut.an Residence before 13c (ITY OR TOWN 13d INSIDECTLY LIMITS? 13d STREET AND NUMBER	
Thours of Office old Office old Office old Office old Office old Office old Office, dep	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
Es in Solution		John Dougherty Marthe Ada	ms
morer's hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  6b. SOCIAL SECURITY NO  17 INFORMANT  Nrs. Katherine A. Dougherty, Lard	ola Jarinas
4 with per Exam			APPROXIMATE INTERVAL
executed in Medical Bermit. I		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND GEATH
ding ding ledin		IMMEDIATE CAUSE (a)	- domenacing
sit I		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )	
d b Chie		rise ta immediate cause (a),	
should be a ne word "per to the Chief I buriol-transit		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
to to pure pure d in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
INER: This certificate should be executed with e certificate, writing the word "pending" in personal be forwarded to the Chief Medical Examifiles.  3 should be used as a buriol-transit permit. File pration, or temoval, and in any event within 72 had a so the contraction of the contraction.		TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((a)	
writh world	4110	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
INER: This certificate, writ should be forwar files. 3 should be used	CERTIFICATION	WAS PERFORMED?	AEZ NO 🔼
AINER: This of the certificate, should be for files.  3 should be used the formalism, or remaining the formalism.		21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item HOUR A M	IB)
INER: e cert should files. 3 shou ation,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M 19	
	ME		County State
cessory, please execute the certifice funeral a rector. Page 4 should be may be retoined for your files. FUNERAL DIRECTOR: Page 3 should 1 salth: *prior to burial, cremation, or		WHILE AT WORK AT WORK Tackbox, affice building, etc.}	
Xec. Yec. Po for Ind.		22a   certify that I took charge of the remains described above, held an Autopsy [], Inspection [X] Inquiry [X]	and in my opinion
JTY DICA		deoth resulted fram: Natural couses 💢 "Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	]
d re d re foi re to re to		CHIEF MEDICAL EXAMINER	
Y, P Y, P roll AL Prio		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	INED
SSOT SSOT STONE STANE		EXAMINER'S DEPUTY MEDICAL EXAMINER A 17-5	7-67
necessory, please the funeral a rection 5 may be retoined to Funeral birections to Funeral birections the funeral birections the funeral birections the funeral birections the first to be the	7.2	NAME (Type)  ADDRESS(Street, city, tawn, ar county)  BURIAL CREMATION, 23b DATE  23c NAME OF CENTERY OR CREMATORY 23d LOCATION (City or Town) (City or Town)	
7 - + 2 5 +	730	OCHIOLIA Sancial	ounty) (State)
2	74	FUNDRAL DIRECTOR ADDRESS L. / IZSO RECD BY REGISTRAR IZSO RECD BY REGISTRAN IZSO RECD BY RE	s, Maryland
VR A15ME (5)		of J. Famplon Took Federale G. 4. 1k DAPR 1 1 1969 volumes	
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	06130	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT O 301 W. PRESTON STREET, B CERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	06126
	EASED-NAME First De or print) Mary	Middle Mageline	lost <b>Downing</b>	2a. DATE OF DEATH Month Da	y 1969 25. HOUR
3 SEX	Female	4 RACE Colored	Jan 28.	1877 6 AGE (In years lost orthogy) YRS.	IF UNDER YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
countr	y) Va.	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER MARRIED DIVORCED	9 COUNTY OF DEATH Wicomico	N
5	Y OR TOWN OF DEATH	give street oddress)  Deer's Hea	d Hospital	USUAL OCCUPATION (Kind of wark dane in grast of work ng life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
admiss	ion) STATE Maryland	lived, if institution Residence before 13b. county v worcester	Pocomoke   Isa INSIDE   YES	NO X 13e STREET AND NUMBER	Street
	THER'S NAME FUST		15 MOTHER'S MAIDEN NAM	ME first Middle	White
Yes	NO -	or dotes of service}	Alice D. [	Dane Pocon	
Co ri st <u>la</u>	PART DEATH WAS CAUSED I IMMEDIATE anditions, if any, which gove se to mined ate couse (a), lating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	thrombosis	OR CANDITION CHEEN IN DADT 1/ 3	APPREX MATE INTERVAL BETWEEN OMST AND DEATH  9 days  Years
RTIFICATION	Pa. DATE OF OPERATION 196 CO	INDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
Dical Dical	Ia. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH f either, natify medical examiner			Enter noture of injury in Part 1 or Part 2,	
at 2	Vhile Nat while 2 work at work 20 (this saw the deceased valve	haspital) attended the decease	969 and that in 20€) (aur).	9. <b>62</b> , ta <u>1/10</u> , 19 apinion death occurred an the da	County State  59_, that \$\$ (we) law and haur and fram the country of the country
		Maldve, M. D.	22e ADDRESS Beer's H	ead State Hospital	
	URIAL (REMATION 23b DA' EMOVAL (Spec fy  MERAL DIRECTOR	13-69 23c NAME OF COMMENTS	tope Cen.	BBY REGISTRAR 250 REGISTRARS 15 1969	(Caunty) (State) SIGNATURE



			AND STATE DEPARTMENT OF HEA		
who was a second		DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201	20.00
A STATE OF THE STA		06131	CERTIFICATE OF DEATH		06127
£ _24		CEASED NAME . First Middle	Lost	2a DATE OF DEATH	2b, HOUR
nours after deoth.  1 by the funeral  2. Pages 1 and 2	(	ype or print) /IRGINIA MAY	ELLINGSWORTH	APRIL Month Stay	1969 67 M
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hours after in by the fars. Poges		F CAG	26DEC 16	lost birthday) YRS	ONTHS DAYS HOURS MIN
	70 cau	RIRTHPLACE (State or fareign 7b (ITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
illed in popers		"DILA. U.S.	WIDOWED DIVORCED	Wicomico	Md
falle n po nthin	ľ	(nu a stront ordered)	R INSTITUTION (If not in hospital 12a USUAL C	OCCUPATION (Kind of work done of working life, even it retired)	125 KIND OF BUSINESS OR INDUSTRY
wit rbody		alisbury Penins  USUAL RESIDENCE (Where deceased lived, if institution, Residence be			IIIOOSIKI
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death to hospital or attending physician. The hospital or attending physician his certificate has been signed by the attending physician completely filled in by the funeral stacked for use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 Dept. at Health prior to burial, crematian, or removal, and many event, within 172, as after death	adm	SSIGN) STATE 7754A 136 COUNTY SUSSE	FOR ESCAPTION 13d INSIDE CITY L MITS	A Tribut Tribut	(ROSERS AUE)
exec sma only	14	ATHER'S NAME First Middle Lo		Myddle	Lost
ficate be exc scring and colleges remining the colleges remaining the colleges rema	7	touis to	DD BlanchE	N. MARVE	EL
Sicra Cate		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIA, SECU  15c, no, or unknown]   1   yes give wor or doles of service)		Address	1
phy oval		NO 202-03	-4017 -1. HENRY 2	- MINGSWORTH	( as ABOVE)
ie death cei attending p permit. The		18 CAUSE OF DEATH (Enter any one cause per line for (a) (b), an PART 1 DEATH WAS CAUSED BY:	100000000000000000000000000000000000000	1571 71 5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dea tenc rmit		IMMEDIATE CAUSE (o)	NAV WILL IM	C1173117513	14 mas
it the the at sit pe		Conditions, if any, which gave	OF		
.r. y th y th consi		nse to immediate couse (a), (b)	: OE		
equires tho physician. signed by burial-tron		stating the underlying couse DUE TO, OR AS A CONSEQUENCE last.	. 01		
phy: phy: sign buric		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	T NOT RELATED TO THE TERMINAL DISEASE OR CONT	DITION GIVEN IN PART 1(0)	
w re ling sen the l	 				
The law ratending attending has been se as the harror to	STI	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WA		20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
r att	CERTIFICATION	OF ACCUPING HIME LINES WITH	YES NO		
IAN: al a ficat for Hea		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day	21c. HOW INJURY OCCURRED (Enter na	ture of injury in Part I or Part 2, Ite	m 18)
Spit Spit Spit Spit Spit Spit Spit Spit	MEDICAL	(If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STRE	19		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifith Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then ye shauld be filed with the State Dept. af Health prior to burial, crematian, or removal	-	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY OFFICE BUILDING, ETC	T. FACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
IDING 1 by th After t 1 be do		22a. I <b>certify</b> that (I) (this haspital) attended the dec	eased fram, 19	. tg 19	, that (I) (we) last
ATTENDING etained by th CTOR: After t should be de		saw the deceased alive an	19, and that in (mv) (aur) apinia	in death accurred on the date	and haur and fram the
TTOR Tain tain the ta		(auses stated above, (1) (we) (did) (did not) view	the bady after death.	22c. DA	TE CIONED
OR J		XIMES & Dallaho	OFFICE PHYS. MED.	STAFF COL & /	17 SIGNED / 69
IAL Noy B Noy B Pogg e file		22d. PHYSICIAN'S	22e, ADDRESS	4	101-1
SPI 4 m NER tor,		NAME (Type)	SALISBUI	4 1112	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BURIAL (REMATION, 23b DATE 23c NAME PEMOYAL (Specify) 23c NAME	OF CEMETERY OR CREMATORY 2		(County) (Stote)
5 5	_6	SURIGIE ITTO ADD	101114	GEORGETOUR EGISTRAR 2Sb. REGISTRAR'S SII	CNATURE C
VR A15 (4) 45M - 1/69	7	2000-Corw Char Inca	B 1 Ca APR 1 1	1969 Charle	Judge.
	-		- / 1- 41/4 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	1000	7 0







ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06130 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First 20 DATE KNOWN 2b. HOUR (Type or Print) HAROLD ESTI-PUTNAM HANLEY any delay is 2, and 3 to PM3. Page 40 DEATH MATED 10'02M & RACE IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR White 3-15-12 Male NO:CZM 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED I MINEVER MARRIED 9 COUNTY OF DEATH tem 18. Give Pages 1, Office along with form Cennsylvania WIDOWED F DIVORCED Wicomico the State 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 12b KIND OF BUSINESS OR dur na most of working life, even if retired.) give sheet oddress sula General Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY DIMITS? 13e. STREET AND NUMBER and 2 with death 3b. COUNTY Accomac admission) STATE 135 Clark St. Chincoteagues A No [ after 14 FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME last Unknown Unknown execute the certificate, writing the ward "pending" in pentul in sur. Page 4 should be farwarded to the Chief Medical Examers hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, ar unknawn) Edna Hanley, Chincote gue, Virgini 150-09-2490 event within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY Hemothorax days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave hb days Fractured ribs rise to immediate couse fol burial, crematian, or remaval, and in any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 3 should be used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗀 NO T 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY Month, Day, Year MEDICAL PRIMARY CONTRIBUTING HOUR A M Fell in shower at home. CAJSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn Caunty factory, affice building etc)
OWN home WHILE NOT WHILE Clark St., Chincoteague, Accomac, Va. 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X. and in my apinian the funeral director. Accident X Suicide . Hamicide T Undetermined manner be retained death resulted frame Natural causes CHIEF MEDICAL EXAMINER pria **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer M.D. April 28, 1969 DEPUTY MED CAL EXAMINER 5 may 10 FUNE NAME (Type) 409 Camden Ave., Salisbury, Md &DDRESS (Street, city, town, or county) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) Premorah (Specify) 4-25-69 Mechanics Cemetery Chincotela 24 FUNERAL DIRECTOR **ADDRESS** 25g REC D 8Y REGISTRAR Salver Funeral Home, Chincoteague, Va. VR A15ME (5) DATEMAY 10M REV 1/68

1868216 Film412 MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 $06431$
	06135 CERTIFICATE OF DEATH
÷ _2÷	1 DECEASED NAME FILST MIDDLE LOST 20. OATE OF CEATH 25 HOUR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers, against 1 and 2 should be filled with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any, event, within 12 hours after death.	(Type or print) EZRH FRANCES HEARN APRIMONTH DY 1989 855M
ter s lur frer	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Funder 1742 IF UNDER 24 INC.  1 SOLUTION
S at	Female   White   June 26, 1886   82 "YRS.
Page 19	70. BIRTHPLACE (Stote or fareign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIEO   NEVER MARRIED   9. COUNTY OF DEATH
4 F F F F F F F F F F F F F F F F F F F	Maryland USA WIOOWED OIVORCEO Wicomico Md
fille thin thin	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give steept address)  120 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  130 USUAL OCCUPATION (Kind of work dane life in hospital give steept address)
within ely fille bon po within	Salisbury   Peninsula General   House wife
e car	13a USUAL RESIDENCE (Where deceosed hyed, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY 150
executed and compile emave can any, event	Maryland   Wicomico   Salisbury   1302 Carey Avenue
X Le Hu	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First M.ddle Lost Sarah Martha Shockley
be un a se l'action d'in d'in	3335
sicie	16a. WAS OECEASEO EVER IN U.S. ARMEO FORCES? Yes, no Nor unknown) 1 1 yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 218-48-5975 Mrs. Stella F. Solloway, Snow Hill, Maryland
phy en ava	Yes, no grunknown) (1 yes give wor or doles of service) 218-48-5975 Mrs. Stella F. Solloway, Snow Hill, Maryland
ing h ce	18. CAUSE OF DEATH (Enfer only one cause per line for (6), (b), and (6) PART I. DEATH WAS CAUSED BY
leat end mit.	1/2 3 IMMEDIATE CAUSE (0) 4 Cices
he of per lian.	OUE FO, OR AS A CONSEQUENCE OF
at to the risit mail	Conditions, if any, which gave a rise to immediate cause (a).
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nysic gnec rial	DATE A OWED CONSTITUTE ON DETERMINE TO DEATH BUT NOT BE ATED TO THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF CONDITION CAPES AND A DATE OF THE TERMINAL DEFACE OF THE
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aw ndin beer the ar t	190. OAJCOZOPERAT,ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 29a. AUTOPSY? 29b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
the litter ras l	190. OATEOVOPERAT.ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 29a. AUTOPSY? YES NO CAUSES OF DEATH?  27a. ACCIOENT WAS UNDER YING 21b TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
ar o use	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
far far far f He	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor
ATTENDING PHYSICIAN: etained by the haspital arCTOR: After this certificate shauld be detached for uith the State Dept. of Hea	[If either, notify medical examiner] P.M 19 2 1d. INJURY OCCURED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. City or Town County State While Mat white 19 White White Mat white 19 White White White White 19 White W
PH. his his Dep	While Not while of work of wor
NG NG V th Ver t e d	
NDI NDI Sid b Id b Sie Si	sow the deceased askee on a 4-2 1967, and that in (my) (our) opinion death accurred on the date and hour and from the
dine dine the the the the the the the the the th	cousey stoted obove (I) (ye) (did) (did not) view the body offer death.
R A A SECTION OF WITH WITH	22b SIGNATURE  22c GATE SIGNED  22c GATE SIGNED  22c GATE SIGNED  April 2 1969
P P P P P P P P P P P P P P P P P P P	22d. PHYSICIAN'S 22e, ADDRESS 2
RAL RAL	NAME (Type) DAVID J. GILMORE Medical CENTER Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre-	23a. BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Pag Pag ofire sho	REMOVAL (Specify)  April 5,1969 Parsons Cemetery  Salisbury, Wicomico, Maryland
M	
VR A15 (4) \\ 45M - 1/381	24. FUNERAL CIRECTOR  HOLLOWAY & COMPANY, SALISBURY, MARYLAND  AOORESS  OAPR 8 1969  COLUMN 1



				ND STATE DEPARTMENT OF		
1		00126	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		06132
		06136		CERTIFICATE OF DEATI	Н	
₹ <del>-</del>		ECEASED-NAME First Type or print)	Middle	Lost	20 DATE OF DEATH	2b HOUR
dea		Type or print)	ALOY.	4144	APRIL Day	1969 6 A M
# 12/2 # ·	3. 5	EX	4. RAPE	5. DATE OF BIRTH	6 AGE (In yeors	IF UNDER I YEAR HE JINDER 24 HRS
10 S = (80 M)		Male	Negro		1903 lost birthday) YRS.	MONTHS DAYS HOURS MIN
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MARYLAND STATE DEPARTMENT OF HEALTH	
06138 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
CERTIFICATE OF DEATH	06134
DECEASED NAME (Type or print) I first Middle Lost 2a. DATE OF DEATH (Type or print) I Shan Vesley Enhancer Rout 2	Doy Year 25 HOUR.
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While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 22a. 1 certify that (I) (this haspital) attended the deceased from 3.	19, that (1) (wet last
22a. I certify that (I) (this haspital) attended the deceased from	date and hour and fram the
22b. SIGNATURE  22b. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.	24. DATE SIGNED
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1	Ttems 18-22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH Item 6 Film G 412	5/14/69
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6135
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day OF EST.	
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a g g g	3 SEX 4. RACE S DATE OF BIRTH 1 36 AGE (In years 1 year 1 year 1 year 1 year 24 HRS 20, DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month 5 Day 2	Year 19 69 11:20 HOUR
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ofter death Give Pages 1, along with form	Salisbury give street oddresticomico River during most of work no life synthetised) IND.	KIND OF BUSINESS OR
マナル へんせい	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN   3d INSIDE CITY UM 157   13e STREET AND NUMBER   671 Fitzwater   671 Fitzwater	St.
성류는 설류 /	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Charles ones Marka Cia Show	Lost
d within 24 in pencul in 1 Examiner's File pages in 72 hours	160 WAS DECEASED EVER IN LS ARMED FORCIS? (Yes, no or unknown) [If yes give we (or dates of service)]  160. SOCIAL SECURITY NO 17. INFORMANT Ralia Janes	
vould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours	IB CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  Drowning  SS	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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	21d INJURY OCCURRED   21e, PLACE OF INJURY (At home, form, street, white   Mot wante   AT work   AT work	Md. State
ical Example of the control of the c	22a. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 Inquiry 🔼	and in my apinion
DEPUTY DICAL EXAM ressary, please execute the e funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page rath prior to burial, crem	death resulted from: Natural causes , Accident , Suicide , Hamic'de , Undetermined manner	Pending
o DEPUTY DIC.  necessary, please ethe funeral director  5 may be retained  7 FUNERAL DIRECT  Health priar to bu	ACTUAL SIGNATURE  ACTUAL MD ASSISTANT MEDICAL EXAMINER  276 DATE SIGNI	
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TO DEPUT necessary the funer 5 may be TO FUNER Health	NAME (Type) 109 Camden Ave., Salisbury, Md ADDRESS(Street, city, town, or county)  230 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d LOFATION (Cty or Town) (County)	15101 J
g J		7 May
VR A15ME (5)	24 FUNERAL DIRECTOR  ADDRESS  ADDRESS	The same



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and the same of th		00410	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	06136
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do and	3. S	iv /	4 RACE	S. DATE OF BIRTH	(Ipril 15	
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ICLAN: pitol or rrificate d for u	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	TH HOUR A.M. Month Doy Year		er nature of injury in Port 1 or Port 2,	Item 1B.)
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TTENDING oined by 1 TOR: After hould be oith the Stott		saw the deceased causes stated above	nis haspital) attended the deceas alive an e, (!) (we) (did) (did nat) view the	9, and that in (my) (aur) ar	inion death accurred on the do	
OR JOE T		22b SIGNATURE  22d. PHYSICIAN S NAME (Type)	a 5 4666	22e ADDRESS .	MED STAFF DIRECTOR PHYS D	DATE SIGNED 1-14-69
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VR AT VA	24 L	HUNERAL DIRECTOR WILS	ADDRESS		By REGISTRAR 25b REGISTRAR'S 17 1969 FCL	SIGNATURE



	1		MARYLAN	D STATE DEPARTMENT OF H	EALTH	
1.		06141	DIVISION OF VITAL RECORDS,	301 -W. PRESTON STREET, BALTIN	WORE, MARYLAND 21201	06137
	_			CERTIFICATE OF DEATH		
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aurs year	70		7b CITIZEN OF WHAT COUNTRY?	September 5,1	Thu	
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		NAME (Kype) Dr. E	M. Beardsley	Maryland Av	enue, Salisbury,	Maryland
Fundant Programment	23a	BURIAL CREMATION, 23b D	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 5 V	L		il 28,1969 Wicomic	o Memorial Park	Salisbury, Wicomio	
VR A 37 69	24.	FUNERAL DIRECTOR HOLLOWAY & COM	PANY, SALISBURY,	ARYLAND APROB	REGISTRAR 25b REGISTRAR 5 S	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06142 06138 CERTIFICATE OF DEATH lip-by the funeral ers. Pages I and 2 2 hans after death. DECEASED-NAME First Lost 2g DATE OF DEATH 2b HOUR executed within 24 haurs after death. (Type or print) L17011 ZELDA 4. RACE S. DATE OF BIRTH 6. AGE (In years FEMALE MONTHS WHITE MAY 5. 1920 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED TX NEVER MARR ED country) Wicomico WIDOWED [ DIVORCED [ papér h'n 12 BAVARIA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR burial, crematian, ar removal, and in any event, with SALISBURY 13a USUAL RESIDENCE (Where deceased , ved, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE MARY LAND 13b COUNTY 1012 EVERGREEN AVENUE SALISBURY 14. FATHER S NAME Middle Last 35 MOTHER'S MAIDEN NAME First Erst Middle Last GILEROVITZ DENA ISRAEL requires that the death ceptificate AddresSALISBURY, MD. 16b. SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no prunknawn) MR. LITMAN LITOW. 1012 EVERGREEN AVE. APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗀 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Mat while at wark 22a. I certify that (I) (th<del>is haspit</del>al) attended the deceased from <u>Nov</u>, 1967, to <u>April</u>, 1969, that (I) (we) last saw the deceased alive an <u>38 April</u> 1969, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED M. D. DEGREE 22d PHYSICIAN S 22e. ADDRESS NAME (Type JOSEPH C. FITZGERALD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) SALISBURY, MARYLAND 4-29-69 BETH ISRAEL LEVINSON & BROS., 6010 REISTERSTOWN ROAD APR 3 0 196 24 FUNERAL DIRECTOR 25b. REGISTRAR S\_S GNATURE



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			CERTIFICATE OF DEATH									
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ote icior leas onc	160	WAS DECEASED EVER IN US ARMED			Address	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspitor or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhould be filed with the State Dept af Realth prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept and Health prior to burnal, creating the state Dept.		NAME (Type) Will be	IR ELLIS	MEDICAL	CENTER SALL	Sbury Ald.
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06142 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2g DATE OF DEATH denoth. (Type or print) Manth messic. Onie MIYSICIAM: The law requires that the death certificate be executed within 24 hours after 3 SFX 4. RACE S. DATE OF BURTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS [ ond completely filled in by the YRS. 7o. BIRTHP, ACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED country) w thin 72 DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USJAL OCCUPATION (Kind of work done 12b MND OF BUSINESS OR corbon during phost of working life, even if retired ) 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY JMITS? 13e. STREET AND NUMBER 136 COUNTY NO T ond in any 14 FATHER'S NAME M.ddle MOTHER'S MAIDEN NAME FIRST O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached far use as the buriof-transit permit. Then please, should be file!! with the State Dept of Health priar to buriof, cremation, ar removal, and? 17 INFORMAN Yes, parerlunknown) 18. CAUSE OF DEATH (Enter only one couse per tine for (a) (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1661 Page 4 may be retaine by thm hospital or attending 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a MUTOPSY? 206. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗆 NO 🗀 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy (If either, notify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET FACTORY ) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Tawn State County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram... . 19\_ , that (I) saw the deceased alive an.... and that in (my) (our) apinion deoth accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. DEGREE 22d PHYS CIAN S 22e. ADDRES NAME (Type) 230 BURIAL CREMATION, 23d LOCATION (City of Town) 23b. DATE OR CREMATORY (County (State)



	MARYLAND STATE DEPARTMENT OF HEALTH
. 1	11614 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	Item7 FilmC411 4/15/69 kk CERTIFICATE OF DEATH 06!43
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<b>8 1 5 8</b>	JOHN SMIL MILLER HORIL 9 1969 4 7 M
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thin y fillk on po	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  Salisbury  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  Peninsula General  INDUSTRY
wi arbo	
law requires that the death certificate be executed within 24 haurs nding physician. been signed by the attending physician and campletely filled in by the sthe burial-trans t permit. Then please remaye carbon papers. Paint a burial, crematian, or removal, and in any event, within 72 haurs in ta burial, crematian, or removal,	136 COUNTY RESIDENCE (Where deceased lived, if institution Residence before deceased lived, if institution Residence deceased lived, if it is a street and
ote be exe	14 FATHER'S NAME Cirst Middle cost IS MOTHER'S MAIDEN NAME First Middle Lost
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	alvin Miller Hellon Fonsch
the death certificate by the attending physican is the attending physican is the please nation, or removal, and the please of th	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (Il yes give war or dates at service)
phy ova	163-00-1103 anny & Marcel & Stemet & St
	1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART 1 DEATH WAS CAUSED BY  APPROX.MATE.ATTRVAL SITUREN ONSET AND DEATH
deat rend renit	IMMEDIATE CAUSE (a) I en friculer A Lys toll
he of the per	Conditions, Tony, which gave)  DUE TO, OR AS A CONSEQUENCE OF
at the the mark	rise to immediate couse (a). (b)
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equires that the physician. signed by the burial-trans t burial, crematin	lost. (c)
4: The law requires the or attending physician. It has been signed by use as the burial-traisalth prior to burial, creath prior to burial, creath	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
aw ndin been the	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
has has has has has has	YES NO DE CAUSES OF DEATH?
A: T	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
CIAP artal hirco di for af He	S □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year
YSI cer chec	21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY ) 21f I OF ATTOM Street or R.F.D. No. (the or Town
SPITAL OR ATTENDING PHYSICIAN: 4 may be retained by the haspital or 4 may be retained by the haspital or 4 may be retained by the haspital or 6 may be retained by the his certificate 6 may be detached for a fact be filed with the State Dept of Hea	at work — at work —
be Stat	22a. I certify that (I) (this hospital) attended the deceased fram 47-1967, ta 47-7, 1967, that (I) (we) last saw the acceased and an expression of the date and have and fram the course stated above (I) (rec) (did) (
rhe A	saw the acceased alive an 1967, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did) view the body after death.
ATT ATT	22b. SIGNATURE 1 22c DATE SIGNED
OR Se red w	Lorough ( Store Phys Director D STAFF Phys Director D Phys D 4-7-67
TAL Nay A AL D Pag e filie	22d PHYSICIAN'S AMERICAN 22e ADDRESS 2 - 2 A PAI 460
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-trans permit Then poshould be filed with the State Dept af Health prior ta burial, crematian, or removal,	230 BURIAL (REMATION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 230 COCATION (City or Town) (County) Stately
21 0	24 FUNEBAL DIRECTOR / APORESS / 250 ACOUT RECTION / APORESS
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		_		D STATE DEPARTMENT OF HI		
		06148 °		301 W. PRESTON STREET, BALTIA	NORE, MARYLAND 21201	
·/\	_			ERTIFICATE OF DEATH		06144
# = 5# - 2#		CEASED NAME First  YPE OF PROTE  AND T	Middle	Last	20. DATE OF DEATH	2b. HOUR
death		MIRI		MOORE	April 15	1969 10:254
fter e fu efter	3 SE		4 RACE	S. DATE OF BIRTH	lost highboard	IF JNDER I YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.
La Grand	_	Female	White	March 23,1913	56 YRS	NORTHS DATS MODES MIN.
hours after death	7a. E	itry)	CITIZEN OF WHAT COUNTRY?	MANNIED NEVER MAKKIED	COUNTY OF DEATH	
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be executed within the sand campletely filled in any event, within 77	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	neral Hospital during mas neral Hospital Hous	OCCUPAT ON (Kind of work dane	12b KIND OF BUSINESS OR INDUSTRY
wit rbai	10-	Salisbury			t of working life, even fretired )	
nple co	adm	ssion) STATE	lived, if institution: Residence before 13b. COUNTY Wicomico			_
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and rem	14 /	,	Middle Lost	IS, MOTHER'S MAIDEN NAME Fire		last
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ne death certiff attending phy permit. Then ian, or remaval	-			Ty The Games Te Pio	ore, surrabuly, i	APPROXIMATE INTERVAL
ding ding ren		PART I. DEATH WAS CAUSED B	one cause per line for (a), (b) and (c) Y:	1-1-	1	BETWEEN ONSET AND DEATH
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AING PHYSICIAN: The law requires that the death certificate by the haspital ar attending physician. Ifter this certificate has been signed by the attending physician be detached for use as the burial-transit permit. Then pleas State Dept. af Health priar to burial, cremation, or remaval, all		stating the underlying cause	(c)	The stand	July Julie	1
lys Igne Uria Uria		PART 2. OTHER SIGNIFICANT CONDIT		T RELATED TO THE TERMINAL D SEASE OR CO.	NOTION SIVEN BY PART 1(a)	
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The law ratending has been se as the h priar ta	ATIO	19a. DATE OF OPERATION 19b COM	NDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?	205 IF YES, WERE FINDINGS CO	NSIDERED IN CERT FYING
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ar ar		21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter r	nature of injury in Part 1 or Part 2, Its	em 18)
a figural a figu	MEDICA.	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Month Day Year P.M 19			
PHYSICIAN: he haspital ar this certificate letached for us Bept. af Healt	ME	21d INJURY OCCURRED 21e PU	ACE OF INJURY ( AT HOME FARM, STREET FACE OFFICE BUILDING ETC.	DRY.) 21f EOCATION Street or R.F.D. No.	City or Town	Caunty State
this this detection of the property of the pro		at wark at wark		Shruffel 9	11/10	1.
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the the		saw the deceased alive	e on	ody after death	on death octurred on the date	e ord hour and from the
AT Stail Stail		22b SIGNATURE	( )	00,000	22c DA	NTE SIGNED
OR JOE T		alite.	X/00011 . AL	DEGREE PHYS DIR	ECTOR D STAFF D Apri	
AL D AL D Page to file		22d. PHYS CIANS	, , , , , , , , , , , , , , , , , , , ,	22e ADDRESS		
SPIT 4 m d be d be		NAME (Type) Dr. C	arrie Hearn	N. Divisi	on Street, Salish	oury, Maryland
TO HOSPITAL OR ATT. JING PHYSICIAN: The law requires that the death certificate benexecuted within in Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers shauld be fied with the State Dept. af Health priar ta burial, crematian, or remaval, a≡d in any_event, within 72	23a	BURIAL (REMATION, 23b DAT	E 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
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VR AIS	24	FUNERAL DIRECTOR	APANY, SALISBURY,	25g RECD BY		
45M 1/ 69		TIOLLOWAT & CON	indi, satisboat,	MARYLAND DATAPR	2 1 1969 xchan	les Judge.





	E .			NU STATE DEPARTMENT OF		
		06150	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	06146
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oc or other	130		osed lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CT	Y LIMITS? 13e STREET AND NUMBER	
equires that the death certificate be executed within 2 physicion. signed by the attending physician and completely filler burial, cremation, or removal, and in any event, within burial, cremation, or removal, and in any event, within burial, cremation, or removal.	QON	ession) STATE MO.	138 COUNTROLINE	R.F.D. YES	NO 🔀 NIA	
y d co	14	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	First Middle	Lost
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3 PE E		1B. CAUSE OF DEATH (Enter o	nly one couse per line for (a) (b) and (a	))	'	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
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Dig in the second secon	MEDICAL	(If either, notify medical exam		9		
TYS cell from the pt.	墨	21d INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME FARM, STREET F. OFFICE BUILDING, ETC.		No. City or Town	County State
PF PF PF Pis Pis PF PF		While Not while of work	COTHICE BUILDING, EIC	<b>'</b>	·	,
NG er t			us baspital) attended the decea	ad from 3 - / 10	1. 4 to 4 1/2 10	-6 -4 (IV / )
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the delayer		causes stated abov	e (1) (we) (did) (did not) view the	bady after death.	parion death accorded all the dat	e und habt and hom me
A 造品等重		22b SIGNATURE	87	1120	22c D	ATE SIGNED
d w		Marso	7.1-1-1	DEGREE PHYS	MED STAFF	HIE SIGNED
		22d PHYSICIAN S	1 100000	220 ADDRESS	DIRECTOR L PHYS L	
Ma Ma		NAME (Type)	· /	229 AUDRESS		
Page 4 may be retained by the haspital or attending FO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to						
HO Jae Jae Jae Jae	23.4	BURIA CREMATION 23b. REMOVAL (Specify)	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
2 2 5 1		Kanada (Specially)	-19-69 BLOOM	MERY CEMETERY	PEDER PHSBURG, CH	AROLINE, MD.
- Mex	24	FUNERAL DIRECTOR	ADDRES:	2So. REC'D	BY REGISTRAR 25b. REGISTRÁR S S	SIGNATURE
VR A15 (4) 1	16	Elliamson 7	march Hemme Do	donalatura DAPR	29 1969 Milliane	as Cudar :
	ш			ALVENIA DAIL		0.0



	MARYLAND STATE DEPARTMENT OF HEALTH	
	06151 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	147
	CLAITICATE OF DEATH	
	DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Character and Day Year	2b. HOUR
ı	Charle W. PARSONS APRIL 10 196	9
-1	S DATE OF BIRTH  4. RACE  S DATE OF BIRTH  6 AGE (In years FUNDER I YEAR  White Sept 23 1880   Scrittory) Morrins Days	IF LADER 24 HRS
1	The state of the s	1.000
	BIRTHPLACE (State or foreign 7b. (ITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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١		BUSINESS OR
	alisbury Peninsula General dur no mostral metrodia de la companio del companio de la companio del companio de la companio del compa	. C.L.
ŀ	a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13b STREET AND NUMBER	
	Maryland to micomico Pittsville MS NO no #	
J	. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Joseph Parsons Mary Parker	
	vo. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give war or doties af service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ı	xx xx 218-16-5398 Edwin Massey Willeris,d.	
ı	10. execut of private femal only one reaso has mile int (aT foll one (f) )	MATE INTERVAL INSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:    MMMEDIATE CAUSE (0)   Core bind heart of living of the property of the propert	AND DEATH
-	43 / DUE TO, OR AS A CONSEQUENCE OF	
-1	Conditions, if ony, which gave	
	rise to immediate cause (a), (b)  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. (t)	
- 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	
		State
	While Not while	Jiule
	22a   certify that (I) (this hospital) ottended the deceased from 4-5-, 1969, to 4-10-, 1969, that	(1) (wed 1=
	saw the deceased glive on 4-9-19-57, and that in (my) fourtaining death occurred on the date and hour	and from th
	causes stated abave, (i) (we) (did) (did not) view the body ofter death	and nomin
1	226 SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED	
_ (	Carned h. Coffeed My DEGREE PHYS DIRECTOR DIRECTOR 4-10-61	9
	22d PHYSICIAN'S  MAME CLOSES  AND CLOSES  22e ADDRESS	40 4
	NAME (Type) / Medical Genter Jalisbu	24 ML
Ī	O BURIA, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
	REMOVA Speafy 4/12/69 /Ferlows Fitteria	
	FUNERAL DIRECTOR 256 RECISERAR'S SIGNATURE	0.
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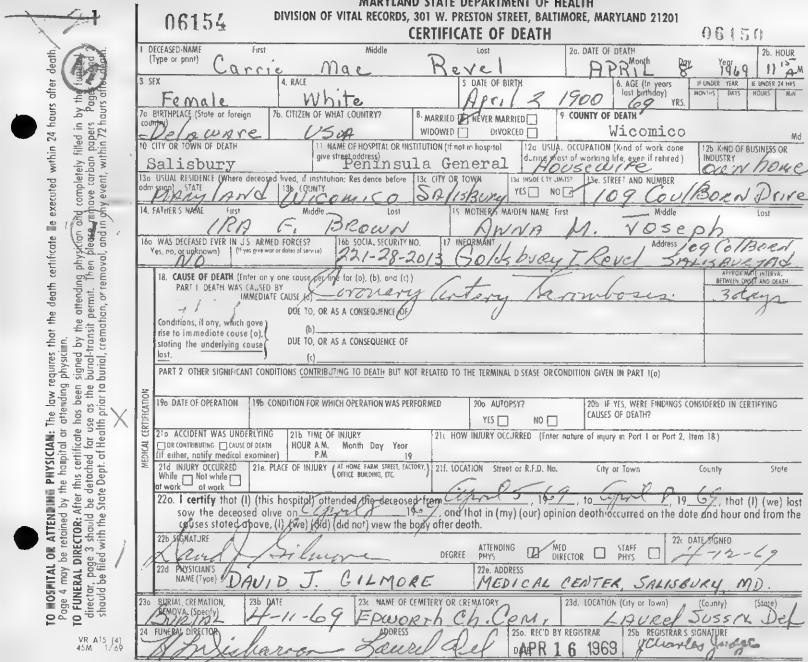


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	and d	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI		Lost
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	e death certificate be executed within 24 ha attending physician and completely filled in permit. Then please remove carban papers, an, ar remayal, and in any event, within 72 has	160	WAS DECEASED EVER IN U.S. ARN es. Do. of unknown)   81 yes give w			Address	Pocomoke,
	phy and I wall		es, no or unknown) (II yes give w	220-52-9	194 Mrs Benjamin	Silverthorne,	
	ng In		1B. CAUSE OF DEATH (Enter onl	ly one couse per line for (a), (b), and (c))	0 10	/	AFPROXIMATE INTERVAL  BETWEEN DISET AND DEATH
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	lav end s bé as t	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH PERATION WAS PER	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
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	END ed S: A		saw the deceased al	live an	9 O and that in (my) (bur) opis	sian death accurred on the dat	e and have and from the
4	TTO Train tain that the train that		22b. SIGNATURE	( ) Jule ) Jule ) ( Gla Mai) View the I	oddy dilei dedili	1 22- 0	DATE SIGNED
•	OR /			1 Au	DEGREE PHYS.	D. STAFF PHYS.	WIE DONED
	V by		22d. PHYSICIAN'S	1	22e, ADDRESS	RECION CO PRIS. CO	
	RAI Per			ald J. Burton,	M.D. Medical C	enter, Salisbu	iry, Maryland
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate k Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and	23p	BURIAL, CREMATION, 23b. (		CEMETERYXIKOCOLXXXX	23d LOCATION (City or Town)	(County) (State)
	Page Agine				Eden Cemetery	Worcester Cou	inty, Maryland
	2.0-	74	NUNERAL DIRECTOR 1 7	n ADDRESS		REGISTRAR 2Sb REGISTRAR S :	
	VR A15 01	1		Ken Pocomoke	City, Md. DORAN		



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4			06153		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	06149
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	leath.		vae or printi	M.ddle	Lost	20. DATE OF DEATH  AManth 1 23	2b. HOUR
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	afte ges	J. 31	Female	White	February 22,	101c lost birthdoy)	IF UNDER I YEAR HE JINDER 24 HRS AGNITHS DAYS HOURS MIN
	Part Part	7n 1		I		9 COUNTY OF DEATH	
	24 haurs after Teath ed in by the funeral ppers. Pages and 2 in 72 hours to be of the funeral edge of the	caur	Maryland	USA	8 MARRIED NEVER MARRIED WIDOWED DAVORCED	WICOMICO	88.1
	N 24	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 120. USUA	L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	within pour him	_	Salisbury	Peninsula Ge	neral Hospita dunna me	ast of working life, even if refired.)	Shirt Factory
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after illeat Page 4 may be retained by the haspital ar aftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages and shauld be filed with the State Dept. at Health prior to burial, cremation, arremaval, and in any event, within 72 hours are deat	13a admi	STATE Maryland	lived, if institution, Residence before 13b. COUNTY Wicomico	Salisbury YES NO		treet
	exer and any	14	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F		LOS
	be nam	4	Charle	s Mitche		inda	Hudson
	rate sicial sleas sleas and	160.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY N	10		Fruitt St.
	phys en p		es, no, or unknown) (II yes give war a NO	214-10-83	Mrs. Virginia D	<ul> <li>Matthews, Salish</li> </ul>	
1	ing ing		18. CAUSE OF DEATH (Enter only a PART I DEATH WAS CAUSED B	one cause per line for (a) (b) and (c))			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
( -	leath rendir mit.		IMMEDIATE	CAUSE (a) lectorite	· perondy &		J.l.
(	he after per		Cand tions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	+ 1.		
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	quire shys spre sprig sprig sprig		PART 2 OTHER SIGNIFICANT CONDIT		T RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	1 1 1
	v remaing l	李		,			
	endi endi s be as t	CERTIFICATION		NOTION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
	The aff	RTIFI	4-14-69 0	Pylone abstruction	YES 🔀 NO 🗌	CAUSES OF DEATH?	
	AN: al al icate far u		210 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yeor	21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2, Ite	em 1B)
	SICI spit spit spit sed in a final in a fina	MEDICAL	(If either, natify medical examiner)	) P.M 19	OBY V AND LOADS OF THE PARTY OF		
	PHY B ha nis c nis c tach Depl	-	White Nat while at work of wark	ACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING ETC	ORY ) 21f LOCATION Street or R.F.D. No.	City of Tawn	County Stote
	NG the			hospital) attended the decease	d from 4-7- 10 6	1 to 1 2 10 /	2 / that (I) (we) last
	d b d b d b d b d b d b d b d b d b d b		saw the deceased alive	e-on 4 19	ond that up fmv) (our) onu	nion death occurred on the date	e and hour and from the
	TTEI aine OR: Taut h th			(did) (d d not) view the b	ady after death.		
	R A RECI		22b. SIGNATURE		DEGREE PHYS DI	ED STAFF	TE SIGNED
	o la company		22d. PHYSICIAN'S	1em a. Jus	DEGREE PHYS DI	RECTOR L PHYS. LAPT	il_26/1969
	PITA mg RAI		ALABAT (T)	ins W. Todd, Jr.		nter, Salisbury,	Maryland
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to	23 o	BURIAL CREMATION 23b DAT		EMETERY OR CREMATORY	23d. LOCAT ON (City or Town)	(Caunty) (State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1		1 26,1969 Parsons	Cemetery	Salisbury, Wicomi	
	VR ASSIGN		FUNERAL DIRECTOR	ADDRESS	25o. REC'D B'	REGISTRAR Q 24 TESTER RESIDENCE	
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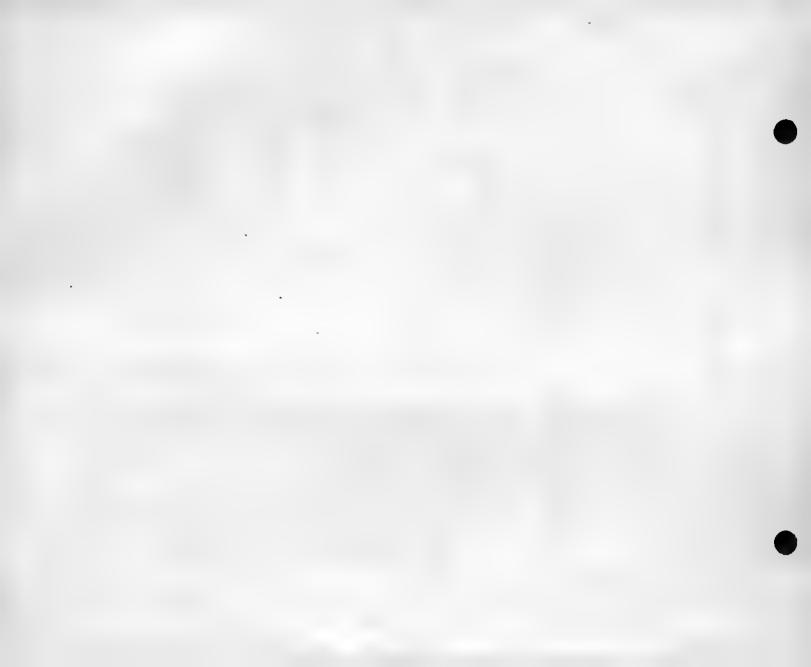




	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
		06155 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06 151	
*		CERTIFICATE OF DEATH	
축 - 2 축		DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. H	HOÜR
dea	L	(Type or print) JOSEPH ELTON SAVAGE April 21, 1969 5:5	55PM
章 章	3. 5	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years   FUNDER   YEAR   FUNDER	24 HR5
ours after death.  by the funeral  Poggs 1 and 2		Male White MAY 24, 1897 lost birthday) YRS MONTHS DAYS HOURS	MIN
by the bours ours	7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NOT USED WHAT COUNTRY OF DEATH	
4 ho J in Joers 72 hu	COL	MICOMICO WIDOWED DIVORCED WICOMICO	Md
hin 24 filled pope thin 72	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, Kind of Ruisiness	OR OR
# * P * 1/		Salisbury Deer's Head State Hospital Live of working life, even if retired   INDUSTRY   Deer's Head State Hospital Live of the state of	
e executed within 24 hou ond completely filled in b remove carbon popers on ony event, within 72 ha	130	SLAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSDE CITY LIM 152 13e STREET AND NUMBER	
cut,	- Our	Maryland   136 COUNTY   136 COUNTY   Norcester Ocean City   YES   NO   Rt. #1	
and cond cond cond cond cond cond cond co	14	FATHERS NAME First Middle Lost IS MOTHERS MA DEN NAME First Middle Lost	
P P S C C		HARPER SAVAGE 10A SELBY	
a le con la contra de la contra del contra de la contra del la contra de la contra de la contra	160	o WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address 1	1.4
OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospitol or attending physician.  NIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-fronsit permit. Then please remove carbon papers Pages I and 2 sed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death	_	VOS INURLOW IZIETETTYBA MIRS JOHN LUILLEN WEGANCIT	VII
ne death cei attending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))  APPROXIMATE NITRY  BETWEEN ONSET AND DE	A
eath andii or r		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Carcinoma of right lung with wide spread   1 year	
e de		DUE TO, OR AS A CONSEQUENCE OF RETESTASIS	
the the motic		Conditions, if any, which gave	
than.		rise to immediate couse (a), (b).  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
res sicio		lost. (c)	
Phy Phy bur bur bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ing ing	2		
s be as the state of the state	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
まる 8年 文	E E	YES NO CAUSES OF DEATH?	
AN: or cate		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOUR A.M. Month Doy Year 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.)	
記者有名	MEDICAL	(If either, notify medical examiner) P.M. 19	
HYS hoss ache ept.	2	21d INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.)  21f LOCATION Street or R.F.D. No. City of Town County Str.  County Str.	o!e
the det		While Not while of work of work	
be State		22a. I certify that XX (this haspital) attended the deceased frame une 19 , 1968 , to April 21 , 1969 , that (4) (we	e) fast
R: A red the the		saw the deceased alive an April 21. 1959, and that in (My) (aur) apinian death accurred an the date and hour and from causes stated above XV. (we) (did) (XVXXX) view the body after death.	m the
E SP SE			
JRE 3	Ι.	DEGREE PHYS DIRECTOR STAFF 226 DATE STORED  226 DATE STORED  226 DATE STORED  14/2 2/6 9	
AI D	1	22d. PHYSICIAN'S 22e ADDRESS Marylan	ıd
ERA d be		NAME (Type) A. C. Mitchell, M. D. Deer's Head State Hospital, Salisbury,	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-tronsit should be filled with the State Dept. of Health prior to burial, cremoting	23 o	BURIA, CREMATION, 230 DATE 23c MAME OF CEMETERY OR CREMATORY 23d AQCATION (City or Town) (County) (State)	
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45M - 1/89		Ama N. Builde Gettin not AFR 25 1969 Thomas June :	

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X			06156	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06152
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至	=22=		ECEASED NAME First	TO DAIL OF OCCUMENT	2b. HOUR
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ter.		3 5	X AA I	4 RACE   S DATE OF BIRTH   6 AGE (in years	TE UNDER 1 YEAR OF JINDER 24 HRS.
, s	\$ 8 a		Male	July 2 1893 OST 1893 VRS	MONTHS DAYS HOURS MIN
aur	in by the srs. Pages 2 haur of	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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- 6	ille, hin	10	ITY OR TOWN OF DEATH	11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120, USLA, OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
executed within 24 haurs after death.	and campletely filled in remave carban papers. n any event, within 72 h	S	alisbury	give street oddiess) Peninsula General during most of working life, even if retired)	INDUSTRY
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cute		odm	ission) STATE	136 COUNTY Worces er tocomoke YES NOW K.F.D.	
exe	omd corremo	14	ATHER'S NAME First	M.ddle Lost 15. MOTHERS MA DEN NAME First Middle -	Lost
			John	Single Side	Johnson
# o	eas cia		WAS DECEASED EVER IN U.S. ARI		TOUT TOUT
يقي	physician a nen please naval, and in	L	es, no (flunknown) (If yes give i	var or dates of service) 179-12-2583A Forma Schooltield Focom	ake Md
e e	9 ≟ 6 B ≟ 6		1B. CAUSE OF DEATH (Enter or	ly one cause per time for (o) (b), and (c))	APPROXIMATE INTERVA.
t t	i din		PART I DEATH WAS CAUSE	ATE CAUSE (0) Core beal Throm basis	BETWEEN ONSET AND DEATH
Q2	permit.		C7 1 1 mmeun	DUE TO, OR AS A CONSEQUENCE OF	
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hat	n. dns dns		rise to immed ate couse (a), stating the underlying couse	OUE TO, OR AS A CONSEQUENCE OF	
59	15 4 4 4 5 4 4 5 4 4 5 4 5 4 5 4 5 4 5 4		lost.	(c)	
anni.	attending physician. has been signed by the attending physician and case as the burial-transit permut. Then please remainsh priar ta burial, crematian, ar remaval, and in any		PART 2 OTHER SIGN.FICANT CO.	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
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d A	bec bec	AT O	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The	has has	CERTIFICATION		YES NO CAUSES OF DEATH?	
ä	ed in the	E.	210 ACCIDENT WAS UNDERLYIN	The state of the s	rem IB)
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Y SI	retained by the haspital ar ECTOR: After this certificate 3 should be detached far werth the State Dept. af Healt	MED	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 214, LOCATION Street or R.F.D. No. City or Town	County State
王	this this De		White Not while of work	COPICE BUILDING, ETC	
N. S.	yy ti ter tate			is haspital) attended the deceased fram 4-6-, 1967, ta 4-11, 19	7, that (I) (sue) last
Q.	ad to the second of the second		saw the deceased a	is haspital) attended the deceased fram 4-6-, 1967, ta 4-11, 19 live an 7-10-1962, and that in (my) (our) apinian death accurred an the dat	e and haur and from the
	4 + + + + + + + + + + + + + + + + + + +		causes stated aboy	e, (1) (we) ( <del>aid)</del> (did nat) view the bady after death.	
A A	3.51 W	l	22b SIGNATURE	ATTENDING - MEB - STAFF -	ATE SIGNED
0.	ed ed ed ,		no to players the		4-11-69
ITA	may be retained by the haspital ar attending RAL DIRECTOR. After this certificate has been ; page 3 should be detached for use as the be filed with the State Dept. af Health priar to		22d PHYSIC ANS NAME (Type)	22e. ADDRESS Medical Condent of	Cole les 1921
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath certificate be	Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta	22.	DIOLA COCHATION LOS		across 11 hc
H	Page Office Sha	130	BORIAL, CREMATION 23b. REMOVAL (Specify)	DATE  23. NAME OF CEMETERY OR CREMATORY  23. VOCATION (City or Town)	(County) (State)
7	-5	74	FJAJKAL DIRECTOR	10 01 10 00011010	CIGNATURE
	VR A15 10	0	10000	ADDRESS Church Va DARPR 16 1969 25b. REGISTRARS S	GIGNATURE
	TEN.		- mu	A KENA CHAICU LAI DAIL.	7 7



. 1			D STATE DEPARTMENT OF F		
	06157	•	301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH	IMOKE, MAKTLAND 21201	06153
	DECEASED-NAME First (Type or print) WALT	Middle SCOTT	Lost SHEPPARD	2o. DATE OF DEATH  Manth Day	26. HOUP 1969 1:50 M
3.	SEX Male	4 RACE White	5. DATE OF BIRTH 9-12-1880	6 AGE (In years last birthday) 88 YRS.	IF UNDER 1 YEAR
7a ca	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NIONECED DIVORCED	9. COUNTY OF DEATH Wicomico	Md.
10	CITY OR TOWN OF DEATH Salisbury	11 NAME OF HOSPITAL OR INS give street address) Peninsula Ger	TITUTION (If not in haspital 12a USU)  Leral Hospital Gro	AL OCCUPATION (Kind of work dame ast of working life, even if retired.)  cery Supplies	125 KIND OF BUSINESS OR INDUSTRY Wholesales
130 odi	a. LSJAL RESIDENCE (Where decease missian) NATE Maryland	d lived, if institution. Residence before 13b. COUNTY WICOMICO	13c. CITY OR TOWN 3d INSIDE CITY II		•
L	. FATHER'S NAME First <b>William</b>	Middle Last  E. Sheppar			lost Smith
16	o. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give wo	ED FORCES? or or dates of service)  214-10-731		Address heppard, See Sec	
3.  70  70  10  133  odi  14.	PART I DEATH WAS CAUSED IMMEDIA' Canditians, illany, which gave rise to immediate cause (a), stating the underlying cause last.	TE CAUSE (a) Y VOQO  DUE TO, OR AS A CONSEQUENCE OF  (b) OF AS A CONSEQUENCE OF  (c)		and deserve	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH  U C C C
GEPTIEICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES NO	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	(es)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  If either, natify medical examin  Zid. INBURY OCCURRED While Not while of work at work	HOUR A.M. Month Day Year P.M. 19 PLACE OF INJURY ( AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.		. Cıty ar Tawn	County State
	22a. I certify that (I) (the	s haspital) attended the decease ive an	ed fram 196 9 9, ond that in(my) (our) opi body ofter death.	nion deoth occurred an the da	that (1) (we) last the ond hour ond from the
	22b. SIGNATURE	5 Dullady			DATE SIGNED 23-1969
/		ohn T. Bulkeley		ry, Maryland	
L			CEMETERY OR CREMATORY  IS Cemetery	23d LOCATION (City or Town)  Salisbury, Mary  REGISTRAR 256 REGISTRARS	(County) (State)
24	Hill Funeral	Home Salisbury, M	[aryland   250, RECD B	28 1968 /	the Judge

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,		VATED DIA		•	PRESION SIKEEI, B				
FOR STATE		06158	MED	ICAL EXAMINI	ER'S CERTIFICAT	TE OF DEATH		0615	<i>b</i>
HEALTH DEPT.	1. D	ECEASED-NAME	First	Middle	Loss	t		onth Day Year	2b. HOUR
of @ 15	(	Type or Print)	EST	EDWARD	SHOCKLE	Y	OF ESTI-	t 4 16	9 11501
deloy is and 3 to 43. Pogi Frijent o	3 5	EX 4 RACE	5 DATE OF	BIRTH 6 A	GE (in years I FUNDER I YE	AR 1F JNDER 24 HRS	2c DATE PRONOUNCED DEA		2d HOUR
		M W	Sept	. 27 1891 7	77 YRS. MONTHS OA	HOURS MIN.	Month Day	Year 1969	1 2 2
- C   INE		BIRTHPLACE (State or foreign	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9 CO	UNTY OF DEATH		
form, form	COU	Maryland	ປຣ	A	WIDOWED	DIVORCED	Wicomico		M
	10.1	CITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR	INSTITUTION (If not in has	pital 12a, USUAL O	CCUPATION (Kind of work do		LS NESS OR
offer deoth 3 Give Pages along with for with the Stote		Salisbury	19	e street oddress) eninsula Ge	neral Hospi	tal Sales	of working life, even if retire	d.)   INDUSTRY	
	13a	HISHAL RES DENCE (Where			re 13c CITY OR TOWN	136. INSIDE CITY JIMITS?	13e STREET AND NUMBER		
2 % al	_ °	dmiss an) STATEMALY1	and 136 COUNT	Wisomico	Salisbury	YEZ NO □	813 Smith S	it.	
hours after deoth Item 18 Give Pag Office along with Tend 2 with the Sta	14	ATHER S NAME First	Mid	dle Lost	1S MOTHER S	MAIDEN NAME First	Middle	ı	ast
22 ES 17:5 B			W. Shockl	ey		Unknown			
within 24 in pencil in Examiner's Examiner's File pages		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166, SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS	lallm Iam	
within pencil xamine ile page		no	as give wor or belos or service	Yes-Unkn	own Ro	bert E. Sh	ockley Sal	lolly Lane	}
ed v		18 CAUSE OF DEATH (Em PART I. DEATH WAS I	er anly ane cause pe	r line for (a), (b) and (c	))	1	0 (-0	T APPRUAIM	ATE INTERVA. SET AND DEATH
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exe endi Me Me t pe		1/04		OR AS A CONSEQUENCE C	OF 1				
be ''p' hief onsi		Conditions, if any which g	(a) (b) =	HS C	J VJ			1724	~
nould be executed word "pending" in the Chief Medical E rial-transit permit. Find only event within		stoting the underlying co		OR AS A CONSEQUENCE (	OF .			0	
should be e re word "per o the Chief I buriol-tronsit in ony ever		last	(c)_						
d t	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)		
rifica ring order d as ol, o	8								
	CERTIFICATION	19a. DATE OF OPERATION		196. CONDITION FOR WAS PERFORMED				20. AUTOF	
This icote, be for a be to or ren	E E	SI. SWISDALL CALLS WING	3118 00	OF INHIBUM 2 B	Total Control Marie	V OPPLIABLE /C		YES	NO [2}
		21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUT		OF INJURY Manth, Day, Ye : A.M.	ear 121c HUW INJUR	T UCCURKED (Enter not	ure of injury in Port 1 or Part	2, Item 18.)	
NER cer hou hou iles. sho sho sho	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED	Ole DIACE OF ANNUA	P.M. 19 Y (At home, form, street,	2 f LOCATION St	base as D.C.D. No.	Ch Y	Court	- Ct. A.
	-	WHILE THOT WHILE THE	foctory, office buil		Z T LOCATION ST	ITEEL OF K.F D NO.	City or Town	County	State
DEPUTY  SIGAL EXAM  RESSORY, please execute the e funeral director. Page 4 may be retained for your  FUNERAL DIRECTOR: Page solth prior to burial, crem		AT WORK AT WORK							
AL E		,	4		bed abave, held an A		spection , Inqu.r.		my apiniar
bic Se (sectorined)		death resulted	m: Natural co	ouses , Accide	nt 🔲, Suicide 🗀		' <u> </u>	ner [_]	
pleose I directoreretoine		ACTUAL	1	K	/ .	CHIEF MEDICAL EXAMIN		DATE SIGNED	
ny, lerol be r RAL		SIGNATURE	2/ -	Co	mden Ave.	ASS STANT MEDICAL EXAM	Partification 3	DATE SIGNED	,
DEPUTY DIC.  Stessary, please e e funerol director may be retoined FUNERAL DIRECT Stephing of the prior to bu		EXAMINER'S NAME (Type) Ea	rl L. Roy	er M.D. Sa	lisbury	ADDRESS(Street, city, to		-7-61	
necessary, please the funeral direct S may be retained FUNERAL DIRECT Health prior to	230	BJRIAL CREMATION	23b. DATE		F CEMETERY OR CREMATOR		1 LOCATION (City or Town)	(County)	(State)
7	250	REMOVA. (Spec fy)	\$ 4/7/1		ico Memoria			, ,,	, ,
	24	FUNERAL DIRECTOR	# 4/7/1	ADDI		25a, RECD BY RE	GISTRAR 25b. CETE	Vico. Md	.0
VR A15ME (5)		Hill Funer	al Home	Sal	isbury	250 RECD BY RE	8 1969 /	mes Judy	100
TUM KEY 1700 VE VIII					-			No.	

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First 2a. DATE KNOWN Month 26 HOUR (Type or Print) OF ESTI-DEATH MATED Luther 2, and 3 to PM3 Page (Mone) 11:55 M Shores 4 RACE F JNDER 1 YEAR UF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6. AGE I n years 2d HOUR White Aug. 15.1885 19 69 11:55M hale 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH TISA WIDOWED [ DIVORCED [7] Wicomico certificate shauld be executed within 24 haus after death 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done during mast of working the even it retired) Solishury 13a USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Viconico Salisbury YESKI NO [ "pending" in pencil in lifem 18. 631 B. Church Street pages land2 14. FATHER S NAME Last 15 MOTHER'S MAIDEN NAME First Middle Humphrey Shores Marv Watson should be forwarded to the Chief Medical Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknown) Mrs. Minnie Shores Same as APPROX-MATE INTERVAL any event within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Broncho pneumonia days DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Fractured left hip 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO X 21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING Fell at home. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, City or Town 21f LOCATION Street or R.F.D. No. County State factory affice building, etc.)
OWN NOME WHILE OF WHILE AT WORK AT WORK 681 E. Church St., Salisbury, Wic., Md. 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry X. and in my apinian death resulted frame. Natural causes . Accident K. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER April 28, 1969 DEPUTY MEDICAL EXAMINER Camden Ave., Salisbury, Md. ADDRESS(Street, cty, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) Dames Quarter Somerset Md Shores Cemetery 25a REC D BY REG STRAR VR A15ME (5) Wallace, Salisbury, Md. 10M REV 1/68

MAKYLAND STATE DEPAKTMENT OF HEALTH



A 1	1	•				PAKIMENI OF H			
¥ 1		06160	DIVISION				MORE, MARYLAND 21201		
					CERTIFICA	TE OF DEATH		06153	
eth.		CEASED-NAME First ype or print) 3 7 41		Middle		Lost	20. DATE OF DEATH  Month  D	2b. HO	
de d	`	ype or print) Zill		w.		Short	4 /	6 61 3	ΛM
ifter es, 1 es, 1	3. SE	- 1	4. RACE	d	. S.	DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24	MRS.
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ed i per i y	10.0	Maryland	USA	1 AND OF HOUSE OF HI	WIDOWED		WICOMI	(0	Md
Trate be executed within 24 has in sistem and campletely filled in please remave carban papers. I, and in any event, within 72 n.	,	Salishery		15 D/11/4	ST.		L OCCUPATION (Kind of work done st of work ng life, even if retired none	12b. KIND OF BUSINESS OR INDUSTRY	
ed v	13a	USUAL RES DENCE (Where decea	sed lived if ins	titut on Par dones before	13c CITY OR TO		138 STREET AND NUMBER		_
cam ave	duille	nd nd	13b. COUNT	Wicomico	Salushu	YES ND	1014 Camden	Avenue	
ern c	14 1	ATHER S NAME First	Midd			OTHER'S MAIDEN NAME FI	rst Middle	Lost	=
n a se s		J.S.P		White		Mary	Emma ,	Truitt	
physician physician en please aval, and i		WAS DECEASED EVER IN U.S. AR	MED FORCES? was as dates of service	165 SOCIAL SECURITY		RMANT (Niece)	Address	N	
THE AND A ST.		es, no, or unknown) († yes give		218-48-60	/5 Mrs.	Clara P. L	ankford, Woodst		
he Leath/cEr aftending p permit. The		18 CAUSE OF DEATH (Enter o		er line far (a), (b), and (c)	)	1 6-2		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATE	Н
eaff eaff endi		PART 1. DEATH WAS CAUSE	:D BY. IATE CAUSE (a) _	Carde	dit- y	arture		1 with	
affi perr an,		411	DUE TO,	OR AS A CONSEQUENCE OF					
the sit		Conditions, if any, which gave rise to immediate couse (a),		66.242	LERDE	lono			
tha an. by ran cren		stating the underlying cause	DUE TO,	OR AS A CONSEQUENCE OF					
res /sici ned iai-t		last.	(c)_						
sign bur bur		PART 2 OTHER SIGN FICANT CO	NDITIONS CONTR	RIBUTING TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(0)		
The taw requires the attending physician. has been signed by se as the burial-tranth priar ta burial, cre	8		M	ceration	u c	ocetro			
s be as	CATION	190 DATE OF OPERATION 195	. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING	
부트 역 SIT	E I					YES NO 🗌			
AN: all ar cate ar u	CALCE	210 ACCIDENT WAS UNDERLY!		E OF INJURY .M. Month Day Year	21c HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2	!, Item 18.)	
Since the spirit of the spirit	MEDIC	(If either, notify medical exam	iner) P	M )	9				
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the Teath-Certificate be executed within 24 haurs after death.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers, Loges, I and 2 shauld be filled with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within V2 haurs after death.		While Nat while at work	PLACE OF INJU			10N Street or R.F.D No.	City or Tawn	County State	
be of state		22a   certify that((1) (th	nis haspital)	attended the deceas	ed from	CAT 5, 196	) to Upne 16, 1 nian death accurred on the c	9_69, that (1) (we)	lost
ed ed bld		saw the deceased of	of ve.on	id (did not) view the	9 <u>67</u> , and th	naf in(my) (aur) apir	nian death accurred on the c	late and havr and from	the
ta t		22b S GNATURE	E (i) Twe I (o	id (aid libt) view life	Dady affer ded	III.	29.	C DATE SIGNED	
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V by		22d PHYSICIAN'S	1	cours	1 5101111	22e ADDRESS	KICIOK CO PAIS CO	7- 76 6 9	—
PITA PRAID Pe		110015 77	Frank W	leaver //			y, Maryland		
O HOSPITAL Page 4 may O FUNERAL director, page	23a	BURIAL CREMATION. 236	DATE		CEMETERY OR CRE		23d LOCATION (City or Town)	(County) (State)	==
Pag o		Dearphian is 1 )		1969 Parso			Salisbury, Wicom		
	24	FUNERAL DIRECTOR		ADDRESS		25g REC'D BY	REGISTRAR 25b REGISTRAR	R S SIGNATURE	
VR A15 VM 1		HOLLOWAY & CO	MPANY,	SALISBURY,	MARYLANI	DATAPR	2 1 1969 Jaco	when Judges	•



*	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL DECORDS 201 W PRESTON STREET PAITIMORE MARYLAND 21201														
FOR STATE	n	36162 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH									0	06158			
HEALTH DEPT.		ECEASED NAME								VIIO IN INCIDIA					
		Type or Print)		WARD	HARV		SMITH			OF DEATH	ESTI ITZ3	4/14	y Year	26 HOU	
dy is 3 ta Page Page	3. 9	EX	4. RACE	S DATE OF BIR		AGE (n years	IF UNDER 1 YEAR		24 HRS		RONOUNCED D	'	17/	2d. HOU	
Iny delay 2, and 3 i PM3. Pag partment o		Male	White	March 1		rasi pirmaay)	MONTHS DAYS	HOURS		Applement			Year 1969	9:15	
2, 2, Py	70	BIRTHPLACE (State or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH											17 - 2		
arm s L,			ylvania USA WIDOWED DIVORCED WICOMICO										A.		
# # # # # # # # # # # # # # # # # # #	10.	ITY OR TOWN OF		11 N		AL OR INSTITUTION	V (If not in hospit	al 12a U	12a USUAL OCCUPATION (Kind of work done			dane 12b	12b KIND OF BUSINESS OR		
This certificate should be executed within 24 haurs after death any delay is icate, writing the ward "pending" in peach in Item 18 Give Pages 1, 2, and 3 to be farwarded to the Chief Medical Examiner's, Office along with farm PM3. Page I be used as a burial-transit permit. File pages Tand 2 with the State Department of ar remayal, and in any event within 72 haurs after death.		Salis	bury	Pen	eninsula General Hospital during most of w					r - Attendant Serv. Statio					
s after 18 Give 19 alang 2 with the	13a.	13a. USDAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN													
2 w dec	٥	dimission) STATE Maryland 13b. COUNTY Wicomico   Salisbury   YES 🔀 NO 🖂   810 E. Church S											treet		
within 24 hours peach in Item 11 caminer's Office to pages 1 and 2 72 hours after d	14. F	ATHER'S NAME	First	M ddle		Last	IS MOTHER'S M	AIDEN NAME	First		Meddl	₽	Last		
24 H			R.	Van		Smith		Įda	a		Gertru	de	Pretty	yman	
niner symptominer			ER IN U.S. ARMED F		16b SOCIAL SEC		7. INFORMANT (						avis Si		
be executed within "pending" in pending in Medical Examiner Insist permit. File page event within 72 hau	,	es, na, ar unknaw Yes	War	var or dates of service)	220-10	9972	Mrs. Kat	hleen	M. S	mith	, Sali	sbury			
te, writing the ward "pending" in a farwarded to the Chief Medical Ele used as a burial-transit permit. Firemayal, and in any event within		18. CAUSE OF	DEATH (Enter onl	y ane cause per li	ine far (a), (b),	and (c).)							APPROX.MATE BETWEEN ONSET	INTERVAL AND DEATH	
be execute "pending" ief Medical nsit permit		3	EATH WAS CAUSED AMEDIA	TE CAUSE (a)	Fract	ured c	ervical	spi	ne				sudd	en	
ex ent ent		014,		DUE TO, OR	AS A CONSEQU	ENCE OF									
d 'p d 'p Chie rans			ny, which gave ) rate cause (a), (	(b)											
should ie ward a the Ch burial-tro		stating the un	derlying couse	DUE TO, OR	AS A CONSEQU	ENCE OF									
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one and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
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fary fary	CERTIFICATION	Tro. BAIL O. O			WAS PERF		LICATION						YES [	NO IC	
ER: This certificate, auld be fees.		21a EXTERNAL		216 TIME OF	INJURY Manth, I	Day, Year	Pic. HOW INJURY	OCCURRED (En	ter nature	of injury	m Port Lar P	ert 7 frem		11042	
INER: e certifications should files. 3 should ation, o	MEDICAL	216 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF POINT OF INJURY Month, Day, Year PRIMARY OF CONTRIBUTING OF PAM 4-14-69 PM 4-14-69 PM 4-14-69 PM 4-14-69 PM 4-14-69													
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CAM e th e 4 our our		AT WORK A	T WORK A	tary office building	g. etc.)		ill Rd.	. & L	ocus	t St	. , St	alish	ury,	Md.	
necessary, please execute the certificathe funeral directar. Page 4 shauld be 5 may be refained far your files.  C FUNERAL DIRECTOR: Page 3 shauld be Health prior to buriel, cremation, or the files.							e, held an Aut		_				and in m		
CO the second of			- //	-			Suicide .	, ,			ermined me			,	
ease irec ain ain to		CHIEF MEDICAL EXAMINER													
ol d d d d d d d d d d d d d d d d d d d		ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER 220 DATES													
Sary Sary Sary Sary Sary Sary		EXAMINER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X Apri NAME (Type) 409 Camden Ave., Salisbury, Marylandpress(Street, city, town, or county)												1 17 /1969	
necessary, p the funeral 5 may be r to FUNERAL Health prio		NAME (Type)						DRESS(Street	, city, taw	n, ar caun	ly)				
10 元 十 元 五 五	230	BURIAL, CREMAT REMOVAL (Speci	(v)	DATE			OR CREMATORY				(City or Town)		**	tate)	
	D.C.	Buria	1 Apr	11_17,19	969 Wi	comico N	Memorial	Park	Si	alisb	ury.Wi	comic	o.Mary	1and	
VR ATSME (SIL	24.	FUNERAL DIRECT	or √ay & co	MDANY C	AI TODIII	ADDRESS	/I AND	2So RECT	BY REG	SIKAR	25b. REGIS	STRARS S GA	ATURE	. :	
IOM REV. 1/68		HOLLO	יהו פי כט	ALL WALL 9	WEISBU	TI, MARI	LAND	DATE	. T. (	, MO	,	The same of the	1 yerda	-	



*		06163 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06159
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a DATE KNOWN Month D	Day Year 2b HOUR
T 5 6 7 2		(Type or Print) Alice Perdue Stephens   OF ESTI- # /	4 1969 7 AM
5 m d	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF LINDER 14 JIADER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
ny deloy is 2, on 3 to PM3, Poge		F W Mar. 25, 18.6 3 YRS MONTHS DAYS HOURS MILL Month 4 Day 14	YOUT 1069 9 AM
	70	BIRTHP.ACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
L'E g		untry) Md. USA WIDOWED X DIVORCED Wicomico	Md
h for h for the form	10		26 KIND OF BUSINESS OR
death Sny		Salisbury John B. Parsons Home for iged at home	at home
P S E T	130	a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	a o nome
To No No		odm ssion) STATE 1.d. 136 COUNTY LOO Parsonsburg YES TNO OCEAN C.T	Tu Rd.
and	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	last
at the state of th		Samuel Parsons Elizabeth	Bond
hin 24 hours aften nal in Item 18. Gi niner's Office olon pages 1 dad 2 with hours ofter, deoth	16a.		isbury, Md
end end imin po	(	(Yes, na, or unknown) (11 yes give war or dates of service) Records. John B. Parsons Figure 1	
Exa Exa			APPROX MATE INTERVAL
新型 海通		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
din ded hed t w		MMEDIATE CAUSE (a)  DUE TO, OR AS A CONSENUANCE OF	7
e e e e e e e e e e e e e e e e e e e		Conditions, if any, which gave	0
d b Grid d b		rise ta immediate cause (o), ( (b)	
would would the riol-		In the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te should be executing the word "pending" to the Chief Medica buriol-transit permind in any eventioniting with		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
cate ng 1 led ded		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALL TO THE TERMINAL DISEASE OR COMP TON GIVEN IN PART I(a)	
rrtifi rritii vard ed c	150N	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION	20 AUTOPSY?
the certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 4 should be forwarded to the Chief Medical Examiner's Office olong with form ur files.  Je 3 showld be used as a buriol-transit permit file poges I and 2 with the State De emotion, or removal, and in any event within 72 hours ofter, death	CERT FICATION	WAS PERFORMED?	YES NO
The jicoth	CFRT	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, tem	
S. Suld only on the sulfit of	MEDICAL	PRIMARY OF CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	
INE Sho s	MED		County State
necessory, please execute the certificate, writing the word "pending" in perform the funero director. Page 4 should be forwarded to the Chief Medical Exan 5 may be retained for your files.  O FURENAL DESCRIPTION 3 should be used as a buriol-transit permit file. Health, prior to buriol, cremotion, or removal, and in any event within 72.		WHILE NOT WHILE TOCKET, office building, etc.)	
EXAL EXA execute or. Page of for you the population of the populat		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspect on Inquiry	and in my apinion
CA ex ex control of the control of t		death resulted from Natural causes Accident , Suicide , Hamicide Undetermined manner	7
pleose explector. retoined or to burn		CHIEF MEDICAL EXAMINER	_
ple di		ACTUAL SIGNATURE 22b. DATE SIG	GNED
Ony, ony, here		EXAMINER'S DEPUTY MEDICAL EXAMINER TO THE TOTAL DEPUTY MEDICAL DEPUTY MEDICA	14-69
o DEPUTY necessory, the funero 5 may be 0 FULLERAL		NAME (Type) Far L. Koye Salis Lappersistereet, by toch, or county)	
5 ± 5 ± 5 ± 5 ± 5	230	30. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (C	(aunty) (State)
		REMOVALUSE 1 4-16-1969 Jerusalem Church Ce. Parsonsburg,	1.1.
27	24.	A FUNERAL DIRECTOR SOLISBUTY, N.d. 250. REC D BY REGISTRAR 256 REG STRARS SIC	
VR A15ME (5) 10M REV 1/68		Thomas Fuellan Salisbury, Nd. APR 16 1969 Thomas	1 Jugge
1 '		Thomas F. Wallace	.,

MARTLAND STATE DEPARTMENT OF HEALTH



- 1				D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
		06164		CERTIFICATE OF DEATH	MORE, MARIEMED 21201	06160
		CEASED-NAME First ype ar print)	Middle	Last	20. DATE OF DEATH	Year 2b Hour
	(1	GRANT	TYLER	STERLING	APKIL Month Day	1969 2 EM
	3 SE:		4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
		Male	White	July 12, 191	5 53 YRS.	muning DRIS ROOKS MIRE
	Zo 8	fund	b CITIZEN OF WHAT COUNTRY?	MANGETT WEATH WORKER	9. COUNTY OF DEATH	
		raryland	USA	WIDOWED DIVORCED	Wicomico	Md
V		alisbury	11 NAME OF HOSPITAL OR INS give street address) Peninsu	12a USUA during mo	il OCCUPATION (Kind of work done ost af warking life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY Boat Building
'	.20	C AL DECIDENCE (Miles december)	lived, if institution Residence before	13c CITY OR TOWN 36 INSIDE CITY .		DOG O DALLALINE
	odmis	ssion) STATE Maryland	Somerset		RFD Box 494	
		ATHERS NAME First	Middle Last	15 MOTHERS MAIDEN NAME F	rst Middle	lost
		Gordon	R. Sterli	ng Man	ry -	Tyler
	160. Y	WAS DECEASED EVER IN U.S. ARMEI es, no or unknown) (II vespive wor es WW 2	or dotes of service) 16b. SOCIAL SECURITY N		y Sterling, Same	as 13. abcde
		IB. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b) and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED I	OV CONTRACTOR	achnoid Hemi	orrhace	BETTHER ONDE AND DEATH
		. / 17	DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if any, which gave rise to immediate cause (a),	(b)			
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	1 1	lost.	(c)			
	- 1	PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
	CERTIFICAT ON	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	TIFIC			YES NO	CAUSES OF DEATH?	
		21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injuty in Port 1 or Port 2, It	tem (B.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Doy Year P.M. 19			
		21d AugRY OCCURRED 21e Pa Whe Not while of work at work	ACE OF INJURY ( AT HOME, FARM, STREET FACT OFFICE BUILDING ETC	ORY ) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
		22a. I certify that (I) (this	transital) attended the decease	d from April 3, 196	7 , to April 4, 19.	9 , that (1) (we) last
		sow the deceased of v	(I) (was (did) (did not) view the b	9.67, and that in (my) (mr) opin	nion death decurred on the dat	e ond hour and from the
		22b SIGNATURE	(i) (ac) (ala) (a a) view life t		22c D	ATE SIGNED .
		Tany	as C. Hill	DEGREE PHYS DI	ED STAFF PHYS.	4-4-69
1		22d PHYS CIAN S		22e_ADDRESS	11 0 1 0	11/
		NAME (Type) Thomas	C. Hill, Jr.	Pirie Blu		PSI PY, Md
	23 a	BURIAL, CREMATION, 23b DA		EMETERY OR CREMATORY	234 LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) Apri	1 7, 1969   Sunnyr	idge Cemetery	Crisfield, Some	TON ATTURE
			Crisfield, Md. 21	idge Cemetery 817   250 AFR	REGISTRAR 1969 256 REGISTRARS S	An Judge
1		Comment or Court		DATE		9 0



- 1		DI	IVISION OF I			EPARIMEN		FH E, MARYLAND 2	1201		
	06165					TE OF DE		L, IIIAN I LAND 2	1201	0616	7
Ī	DECEASED NAME (Type or print)	First		Middle		Last	20.	DATE OF DEATH		30.0	2b. HOUR
L		JESSI		ESTA		YLOR		April	30	1969	8:55P
3	SEX		4 RACE			DATE OF BIRTH	1000	6. AGE (In last birthe	yeors		E JNDER 24 HRS
Ŀ	Female			ite	1 .	ugust 1			YRS.		
1	o BiRTHP.ACE (State or tountry)		CITIZEN OF WHA	AF COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED		INTY OF DEATH			
ħ	Maryland O CITY OR TOWN OF DEA		USA Til NAM	ME OF HOSPITAL OR IN				JPATION (Kind of wo	ork done	12b. KIND OF BI	Md HISTMESS OR
	Salisbur	У	give st	reet oddress) insula Ge		10		working life even if		Dept. S	Store
Ī	30 USUAL RESIDENCE (WI		ived, if institutio	n Residence before	13c CITY OR FO	DWN 13d 1/	NSIDE CITY LIMITS?	13e SIREET AND NU	JMBER		
L	, Ma	yranu		ricomico	Salisb	ury YES	M NO □	208 Sar	atoga	Street	
1		irst	Middle	Lost	1s. r	NOTHER'S MAIDEN			Middle	Hamma	Lost
H	60 WAS DECEASED EVER	ird	tubites	Davis 16b. SOCIAL SECURITY	NO 117 INC	ORMANT( Hus	Georg			Horne	31
ľ	Yes, no, or unknown)	(If yes give wor or						lor, Sali:	Address Shurv.	Marvla	and
F	IB. CAUSE OF DEAT	H (Enter only or				1/1 -	/ ''	-A .	,,,,	ĀPPROXIMA	TE NTERVAL
١	PART I. DEATH 1	WAS CAUSED BY		Malas C	MALLA	el in	Jack	in		7/1/	ET AND DEATH
ı	4109	INTINEDIATE C	. ,	A CONSEQUENCE OF		1	<del>/</del>			-	7
	Conditions, if ony Av		(b)	410							
	stoting the underly		DUE TO, OR AS	A CONSEQUENCE OF							
П	lost.	)	(c)	+ -							
1	PART 2, OTHER SIGN	IFICANT CONDITI	ONS CONTRIBUTA	NC TO DEATH BUT N	(30 -W	W1.	EASE OR CONDITIO	ON GIVEN IN PART 1(	0)		
	190, DATE OF OPERATION	ON 196 CON	DITION FOR WHIT	H OPERATION WAS PE		200 AUTOPSY?		20b IF YES, WERE F	INDINGS (A)	KINEBER IN CER	TIEVING
l	190. DATE OF OPERATION ACCIDENT WAS	7,0,00	DITION TOK WITH	II) AL LIVELION HWOLK	KIONALD	YES T	NO 🗔	CAUSES OF DEATH?	MUMOS COI	ADIOCKED IN CEK	TITTING
			236 TIME OF		21c HOW	( w		of injury in Part 1 o	or Port 2, Ite	m 18}	
	OR CONTRIBUTING (If either, notify med	(AUSE OF DEATH	HOUR A.M. P.M.	Month Doy Year							
	21d ThouRY OCCURR While Thot while	ED 21e PLAC		NT HOME, FARM, STREET FA		TION Street or I	RFD. No	City or Town		County	Stote
	ot work ot work			_/		11/1	- 11	-11/2	ar.		
	22a. I certify th	at (I) (this h	aspital) atter	ded the decease	ed from 7	hoth in I must !	, 19 <u>60</u>	to	196	5 , that (	I) (we) last
	causes stat	ceased alive ea goave, (I)	) (we) (dig) (e	to hat) view the	body after de	ner in (my) (c oth	ior) apinian o	leath oxurred o	n the date	erand havr at	ad fram the
	22b. SIGNATURE	11.1	1 /	0, 11	1.	ATTENDING	HED	CTACL	22c DA	TE SIGNED	
	/5	MULL	2/1	Who	DEGREE	PHYS	MED DIRECTOR	STAFF C	May	<del>2</del> /196	59
1	22d. PHYSICIAN S NAME (Type)	r. E. M	1. Beard	le lov	/	Maryla	nd Aven	ue, Salis	hurv	Maryla	nd
F					CONTRACT OF CO.						
2	30 BURIAL, (REMATION, REMOVAL (Specify) Burial	236 DATE			CEMETERY OR CR	ial Par		LOCATION (City of To	'	(County)	(Stote)
2	4. FUNERAL DIRECTOR	irid y	75 1707	ADDRESS	-o riemor		REC'D BY REGIS	STRAR 25b. RE	GISTRAR'S SI	GNATURE	, rand
	HOLLOWAY	E COMPA	IND SAL	TSRUDY	MARYLAME		MAY 7	7 1969 2	Char	Chy Joedy	the -



_	- 1			MARYLAN	D STATE DEPARTMENT OF	F HEALTH	
		06166	DIVISIO		301 W. PRESTON STREET, BA		06162
					CERTIFICATE OF DEATI	H	0 0 .2 0 0
	1	DECEASED-NAME (Type or print)	First	Middle	Lost	20. DATE OF DEATH	2b HOUR
			OSCAR	CLEVELAND	TAYL OR	April April	TY 1969 10:40AM
	3.	SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
	L	Male		White	September		
	70	BIRTHPLACE (Stote or fi	u u	OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	L	reillisyi			WIDOWED DIVORCED	MICOMICO	Md
) .	, I <sup>ro</sup>	CITY OR TOWN OF DEAT		11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a U	JSUAL OCCUPATION (Kind of work don	125 KIND OF BUSINESS OR
	12	Salisbu		nstitution: Residence before	eneral Hospita during		Lumber Co.
-	ac	miss-on) STATE Mar	vland 13b. 00	UNTY Wicomico	Salisbury YES K	The strike in the state of	uff Poad
2			-	inadle Last	IS MOTHER'S MA DEN NAM		lost
/		_	rson Sco			ances	Bartterson
	10	o WAS DECEASED EVER I	IN U.S. ARMED FORCES	2 165. SOCIAL SECURITY			
		Yes, na, or unknown)	(If yes give war or dotes at se	189-05-350	68 Mrs. Helen W.	Taylor, Salisbur	y, Maryland
		18. CAUSE OF DEATH	(Enter only one cous	e per line for (a), (b), ond (c)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		PART I DEATH V	VAS CAUSED BY IMMEDIATE CAUSE (c	- Core br	al Thronk	sons	19days
		4220	DUE T	O, OR AS A CONSEQUENCE OF	e1/1 //	1001	1
		Conditions, if any; what is to immediate a		b) freovous	CVH, T	erebral linte	ruo '
		stating the underly i		O, OR AS A CONSEQUENCE OF	/	Clera!	hor Krain
		lost.	,	(c)		80	
		PART 2. OTHER SIGNI	FICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(a)	
	9	190. DATE OF OPERATIO	IN 196 CONDITION	FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	TOUR SE VEC MIEDE EINDING	S CONSIDERED IN CERTIFYING
/	SECURITICATION.		and the constitution	TOR PRINCIPAL ERROR WAS TE	YES NO	CALICES OF DEATHS	2 CONSIDERED IN CERSIFING
				TIME OF INJURY		inter nature of injury in Part 1 or Port	2. (tem 18.)
	13	or contributing of	AUSE OF OFATH HOUS	R.A.M. Manth Day Year P.M. 19			,
	MGN	21d INJURY OCCURRE	D 21e. PLACE OF II	NJURY (AT HOME, FARM, STREET, FAC		Na City or Town	County State
	П	While Not while [	3	Corrice obitaino, esc	00/12/	101 11/1	10
	ı	22a. I certify the	it (I) (this haspita	l) attended the decease	ed from -// 19		19 , that (I) (we) last
		sow the dec	eosed oliveron_	(did) (did not) v/ew the	9 O Jone that in (my) Jour)	opinion deoth occurred on the	dote and haur and fram the
		22b SIGNATURE		ATT.		7 22	2c DATE SIGNED
			HA	2	DEGREE PHYS	MED STAFF	April 2 /1969
1	,	22d. PHYSICIAN'S			22e. ADDRESS		NOT 11 00 11707
1		NAME (Type)	Dr. 0. J.	Burton	Salisbu	ry, Maryland	
	23	a BUR AL CREMATION,	23b DATE		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	-	REMOVAL (Specify)	[April 3,		co Memorial Park	Salisbury, Wico	mico, Maryland
Vi	S 24	J. FUNERAL DIRECTOR	S COMPANY	ADDRESS		DBY REG STRAR 2Sb REG STRA	RS SIGNATURE



	R.	MARTLAND STATE DEPARTMENT OF HEALTH	
		06167  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06163
		CERTIFICATE OF DEATH	
eath.		DECEASED NAME First Middle Lost 20. DATE OF DEATH Type or print)  Della First Middle Lost  TERRY  PPD Menth Doy	Yeor 740 M
fune 1 o	3 5		Yeor 7 49 M
the Pages		Female White Oct, 31, 1393 loss perinday) VRS	MONTHS DAYS HOURS MIN
hin 24 hours after death. filled in by the funeral poppers Poges 1 and 2		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	w
	10.5	IT NAME OF HOSPITAL OR INSTITUT ON (If not in hospital live great during most of work not live great if returned)	12b KIND OF BUSINESS OR INDUSTRY
ted wi	13o odm	US.A. RES DENCE (Where deceosed lived, f institution Residence before 13c CITY OR TOWN 13d INS OR CITY LMTS? 13e STREET AND NUMBER 1135 COUNTY / CO	Self
executed complete con event	10	Mit. I Chareter trupes "	
be ey	19.	FATHER'S NAME FOR Middle Lost IS. MOTHER'S MA DEN NAME First Middle	Lost
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed with be retained by the hospital or ottending physician.  NIRECTOR: After this certificate has been signed by the attending physician on combacompletely for 3 should be detached for use as the burial-transit permit. Then please remove corbaned with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, with		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Illy as give wor or dates of service)  Hes. no. or unknown) (Illy as give wor or dates of service)  Hes. Transfer for the services	1 71. A.
cert mov		18 CAUSE OF DEATH (Enter only one cause per nne for (a), (b), and (c)	APPROXIMATE TATERYA. BETWEEN ONSET AND DEATH
ndin iit.		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) CAICCLA ON T) PACKEDS.	11 mos
atte	ı	157.9 DUE TO, OR AS A CONSEQUENCE OF	
t the sit is		Conditions, if only, which gove rise to immediate couse (a).	
tha an. by ron cren		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ires ysici ned ial-l ial-l		lost. (c)	
The law requires the ottending physician. has been signed by se os the burial-tror the prior to burial, cre.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
iw r ding ding een the ir to	NO.	NO ONT OF OMNITOR AND	
ttern ttern as b os os	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2D6. AUTOPSY? 2D6. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
r o r o r o r o r o r o r o r o r o r o		210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 2 or Port 2, 1	10)
SICIAN pitol or rtifical ed for of He	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH (Iff either, notify medical examiner)  HOUR A.M. Month Doy Year  19	rem 18 j
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or othending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	25	21d INJURY OCCURRED While Not wh. e of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUYLOING, ETC.)  21f LOCATION Street or R.F.D No. City or Town	County State
ING by the fter se d		22a. I certify that (I) (this haspital) attended the deceased from $3-2$ 19 6 3, to $4-7$ 19	67 , that (I) (we) last
END ned   R: Al		saw the deceased alive an $x = 10$ 19 6%, and that in (my) (our) opinion death accurred an the do causes stated above, (I) (we) (did) (did not) view the body ofter death	te and hour ond from the
ATT ATT		22b SIGNATURE   1   22c.	DATE SIGNED
OR be r		DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS	7 (1K 69
O HOSPITAL OR ATTEND Page 4 moy be retoined O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)	
O HOSP Page 4 i	230	BURIAL, CREMATION 236 DATE 236 NAME OF CEMETERY, OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
0 P P P P P P P P P P P P P P P P P P P		Theren 4/23/69 Carter Trees leveling layton	7.9.
· · · · · · · · · · · · · · · · · · ·	24.	FUNERAL DIRECTOR ADDRESS, 250 RECD BY REGISTRAR 256. REGISTRAR 5	SIGNATURE
VR A15 (4) 45M - 1/69	17/	Constal years - Mat Char, Det. DARPR 2 3 1969 Chim	W. Harrison



1 1 001	co	DIVISION OF VII	MARYLAND AL RECORDS: 3					RYLAND 21	201		
061	00			ERTIFICA"		-				0616	
1. DECEASED NAM (Type or print		nia Her	Middle Iderson	Tho	lost ma.s		2o. DATE O	DEATH Month	18°	1969	2b. HOUR
3 SEX Fema		4. RACE White		5. O	DATE OF BIRT	1882		6 AGE (In yell last birthda	ears y) yrs.		F JNOER 24 HRS. HOURS MIN
7a. BIRTHPLACE country)		76. CITIZEN OF WHAT (		MARRIED [	NEVER MARRI DIVORCI	IED [	COUNTY OF				Md.
10. CITY OR TOW	N OF DEATH	give stree	OF HOSPITAL OR INSTI	TUTION (If not in	hospital	during mo	OCCUPATION SELECTION	(Kind of war Life, even if r	k done etired.)	12b KIND OF BI	JSINESS OR OME
130. SUAL RESI admission) STA	FNCF (Where decease	ld lived, if institution 13b COUNTY WICOM	Residence before 1	13c (11Y OR TO) Salisbu		AES X NO	13e S	IREET AND NUA	MBER Esabe	ella St.	,
14. FATHER'S NA	Henry	Middle Clay	last H <b>ender</b>	son		DEN NAME FIF	oline	M	iddle	Snod	lost grass
160. WAS DECEA Yes, no, or un	SED EVER IN U.S ARME (nown) (II yes give wo		SOCIAL SECURITY NO 20-01-885			n Lang	eler,	See See	dress #1	_3	
Canditians nise to impost	I DEATH WAS CAUSED IMMEDIAT  any, which gave nediate couse (a), underlying couse	One couse per line for BY:  IE CAUSE (a)  DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  OITIONS CONTRIBUTING	CONSEQUENCE OF	en	ark	red &	role		ase	APPROXIMA BETWEEN OMS	TE INTERVAL ET ANO OGATH
8		ONDITION FOR WHICH (			20a. AUTOPS		20b. I			NSIDERED IN CER	TIFYING
S □ OR CONTR	ENT WAS UNDERLYING BUTING CAUSE OF CEATH totify medical examine	HOUR A.M. M	onth Day Year				nature of inju	ory in Part 1 or	Part 2, It	em 18.)	
While at work 22a. I co	rtify that (I) (this the deceased oli ses stated above,	s haspital) attendive on	ed the deceased	from 67, and #	of in (my)	, 19 <i>6</i> ) (our) opin		or Tawn occurred on STAFF PHYS.	22r. D.	that (e and hour a	
22d. PHYSI NAME		ilip A. In	sley In		199a ADDDE	727		aryland			
23a BJRIAL, CR REMOVAL ( Bur	MATION, 23b. D. pegfy)	ate 18 <b>–1</b> 969	23c NAME OF CE		ry		Sal		Wic	(County) omico. 1	
24. FUNERAL DI	Funeral		isbury,	Marylan	d 2	APR 2	REGISTRAR	69 25b. REG	ISTRAR'S	SIGNATURE	e -



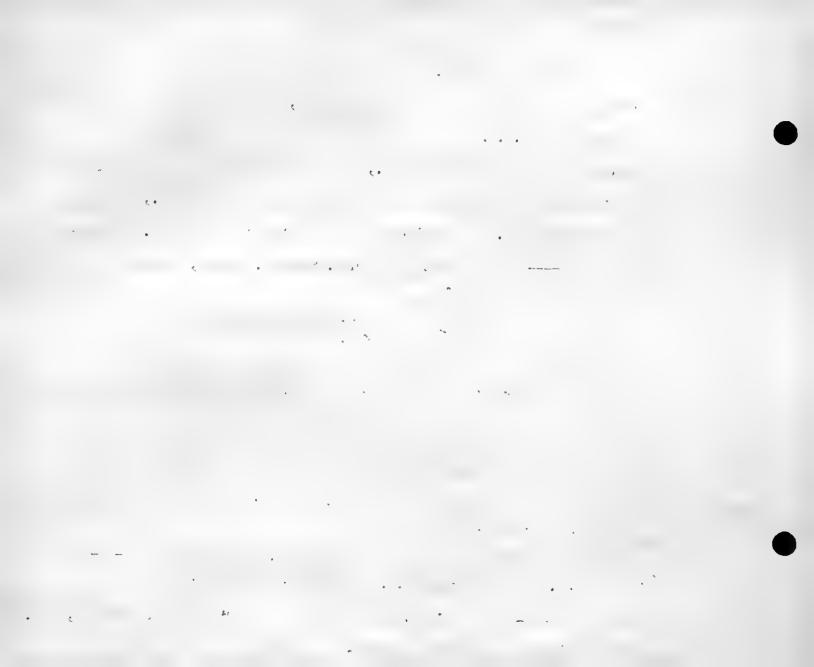
1 1	06169 DIVISIO		D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTII		
	ms586 FilmG412 5/7		ERTIFICATE OF DEATH		06165
1	EASED NAME First GEORGIA	Middle ANNA	tost TILGHMAN	20. DATE OF DEATH  Month  ADril 19	2b. HOUR 1969 2:00A M
3		olored	S. DATE OF BIRTH	6 AGE (In years lost birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS ONTHS OAYS HOURS M.M
7	RTHPLACE (Stote or foreign 7b. CITIZE Outh Carolina	N OF WHAT COUNTRY?		COUNTY OF DEATH WICOMICO	11.1
/ [	Y OR TOWN OF DEATH Salisbury	II NAME OF HOSPITAL OR INST give street address) Deer's Head	State Hospital 12a USUAL Domi	OCCUPATION (Kind of work done of working life, even if refired.)	12b KIND OF BUSINESS OR INDUSTRY
0		f institution Residence before DUNIY DM <b>erset</b>	Princess Anne	THE STREET THE TOPHOLIC	
	THER'S NAME First 7	Aiddle Last	1s. MOTHER'S MAIDEN NAME Fin	st Middle	last
	NAS DECEASED EVER IN U.S. ARMED FORCES s, no, or unknown) (fyes give war or dates all s			Address Smith.Venton.	Maryland
	8. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY	se per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH
	IMMEDIATE CAUSE ( DUE Cond'tions, if any, which gave)	TO, OR AS A CONSEQUENCE OF	cerebral thrombosis		3 days
	ost. DUE	TO, OR AS A CONSEQUENCE OF		disease	
			IT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
fra		FOR WHICH OPERATION WAS PER	YES NO 🖈	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
	or contributing Cause of OEATH HOL	TIME OF INJURY JR A.M. Manth Day Year P.M. 19		nature of injury in Part 1 or Part 2, Ite	m 18.)
	t wark of wark		ORY.) 21f. LOCATION Street ar R.F.D. Na.	City ar Town	Caunty State
	22a. I certify that XIX (this haspit saw the deceased alive an causes stated above, (M. (we	al) attended the decease April 19. 19 ) (did) (UNIXXI) view the b	d fram <u>September 23, 1968</u> 9 <u>2</u> , and that in ( <del>Ny</del> ) (aur) apin ady after death.	, ta <u>April 19</u> , 19 <u>6</u> ian death accurred an the date	29 , that (4) (we) last and have and from the
	22b SIGNATURE VOLUME	her wo	DEGREE PHYS. MEI	D. STAFF TA 22c DA	JE SIGNED 21/69 Maryland
/		Ldve, M. D.		State Hospital,	Salisbury,
	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 4/22/			23d LOCATION (City or Town)  Venton Marylat  REGISTRAR   25b, REGISTRARS SI	(Caunty) (State)
3.4		r Princess A			



4 -	1			ND STATE DEPARTMENT O		
3	Ι,	0470	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, B	<b>ALTIMORE, MARYLAND 21201</b>	
and the second	1	16170		CERTIFICATE OF DEAT	'H	06166
523	1 D	ECEASED NAME EAST	7 Middle	lost	20. DATE OF DEATH	2b HOUR
<b>東京</b>	- (	Type or print)	11.0		Month	Doy Yeor 1452
-5 LE 15	<u> </u>		ocedia	- ImmoNS	HPRIL 3	3 1969 1PM
te te	3 2	#/ - A	4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNEER 24 HRS MONTHS DAYS HOURS MIN
the the age		Female	negro	6-10-	33 lost birthday	
haurs in by ti s. Page	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
tho in ers. 72 h	con	otry) Doi.	11.5 A	WIDOWED DIVORCED .	Wicomico	) na
hin 24 hu filled in papers, thin 72 h	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	NST-TUTION (If not in hospital 12a	USUA. OCCUPATION (Kind of work do	ne 126 KIND OF BUSINESS OR
E 4 = 4	S	alisbury	give street oddress) Peninsu	la General	ng most of working life, even if retire	s) INDUSTRY
d v d v d v	130	USUAL RESIDENCE (Where deceo	sed lived, Finstitution Residence befor		CITY LIMITS? 13e. STREET AND NUMBER	
ecuted with completely ove carbant	odm	SSIDD) STATE	136 COUNTY Wecomics	Wellards YES	NOX PT# 50	
exe offino offino		FATHER'S NAME First	,Middle Lost	15. MOTHER'S MAIDEN NA		a Lost
ficate be ex system and the please refin of and in affi	1	$\mathcal{U}$	nknown		Telebras	tiolds
æ ( · • · · · · · · · · · · · · · · · · ·		WAS DECEASED EVER IN U.S. ARI		Y NO 17 INFORMANT	Address	0 00
equires that the death certifice physician. signed by the attending physistophial-transit permit. Then plourial, crematian, ar removal,	Ι `	es, no, or unknown) (†yes give )	vor or dates of service, 214-32-6	551 Robert Eng.	10 Temorous Day	allas I lace
se death certific attending phys permit. Then ion, ar removal	F	10 CANES OF DEATH (I				APDPOX MATE INTERVAL BETWEEN DISEY AND DEATH
ing in		PART I DEATH WAS CAUSE	ily one couse per line for (a), (b) and (		1	BETWEEN DISEY AND DEATH
he death attendir permit. ion, ar re		IMMED1	ATE CAUSE (0) CEFF	oral laronn	100317	
aff aff		4 ~ ~	DUE TO, OR ASIA CONSEQUENCE, C	F	1 0.	
t the sit p		Conditions, if any, which gove	m Am Dert	Ensure Voscu	for DISSOIS	
hat n. y t ans em		rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		
quires that tl physician. signed by the burial-transit		lost.	(4)			
ysi gne rid			CONTROLLED TO DEATH DIV	NOT DELETED TO THE TENAMES IN COLCE	OCCOMPTION OFFICE BY ALET IN	1
si edi		PART Z OTHER SIGNIFICANT CO	ADILION CONTRIBUTING TO DEATH BOT	NOT RELATED TO THE TERMINAL D SEASE	ORLUNDITION GIVEN IN PART I(0)	
ing ing the	答	1) abella	with the	21206		
o be	Ī	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?		GS CONSIDERED IN CERTIFYING
of the has	CERTIFICATION			YES M	CAUSES OF DEATH?	
- a a a a a		210 ACCIDENT WAS JNDERLYIN	IG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port	2. [tem 18]
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-traited with the State Dept. of Health priar ta burial, cre	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy Yes	or }		, , , , , , , , , , , , , , , , , , , ,
SIGN SPI	9	(If either, not fy medical exami 21d INJURY OCCURRED 21e.	PLACE OF INJURY / AT HOME FARM, STREET	19 ACTORY, 3 21F LOCATION Street of R.F.D.	V M-	County State
be property		While Not while	PLACE OF INJURY ( AT HOME FARM, STREET DEFICE BUILDING, ETC.	271 LOCATION Street of KFD	), No, City or Town	County State
te C del	1	DI WOIK OT WORK		1	1 1	
IDING d by th After d be d	L	22o. I certify that (I) (th	is hospital) attended the deced	sed from Africa 2	1964, to April 5.	19.69 , that (I) (***) last
E ed ed he		saw the deceased a	e, (I) ( did not) view th	1969, and that in (my) (	apinion death accurred an the	dote and hour and tram the
Tie Sign	1		e, (I) (and (did not) view in	e body difer death.		
Will State of A		22b SIGNATURE	10 1/200 D	MD ATTENDING OT	MED STAFF	22c DATE SIGNED
be be		nou	us c recy n	C DEGREE PHYS	DIRECTOR L PHYS. L	4-3-69
AL AL pa		22d. PHYS.CIAN S NAME (Type)	U	22e, ADDRESS	011/0.15	20.6. 111
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta					DINT KOON,	my many, NO
FU Fu	23 g	BURIAL, CREMATION, 23b		F CEMETERY OR CREMATORY	21st LOCATION (City or Town)	(County) (State)
5 € 5 ± 2		REMOVAL (Specify) 4	7-69 year	loalem	Jemperance	arter all Da
VR A15 141	24.	FUNERAD DIRECTOR	O ADDRE	S PA PH 2 1 250. RE	CD BY REGISTRAR / 256 REGISTRA	YR S SIGNATURE
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_	1			D STATE DEPARTMENT		
1	1	06171	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEA		06167
6	1	DECEASED-NAME Firs		Last	2g. DATE OF DEATH	2b. HOUR P
Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Page 7 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept.	۱ľ	(Type or print) MAURIC		TRUITT	Mgnth	28 1969 1:20 M
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n 7	1/	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ETITUTION (If not in bounded 122	USUAL OCCUPATION (Kind of work	done 125 KIND OF BUSINESS OR
Ē	- 1"	Pittsville	give street oddress) Pine	S+ dw	ang most of working life, even if reti	Postmaster
×,	13	a USUAL RESIDENCE (Where dece	osed lived it institution. Residence before	13c, CITY OR TOWN 13d INSI	DE CITY LIM TS? 13e STREET AND NUMB	
ever	a	mission) STATE Marvland	13b. COUNTY Wicomico	Pittsville YES	NO Pine St.	
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0,		Yes, no, or unknown) (If yes give	war or dates of service)	Mrs. Hasel	D. Truitt, Sec 1	3
ê	F	1B. CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), and (			APPROXIMATE INTERVAL BEDMEEN ONSET AND DEATH
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buriol, cremation, or removal, and in ony event, within 77	-1	Canditions, if any, which gove	1) W CKININI	y passo	repliente	, 141,
	-1	rise to immediate couse (a) stating the underlying couse				
2	1	last.	(c)			
	-1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TERMINAL DISEA	SEORCONDITION GIVEN IN PART (a)	las ISIsan
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	- 1	OR CONTRIBUTING CAUSE OF DE	niner) P.M.	9 CTORY ) DIS LOCATION STORY D	FD. Ma. City on Town	County State
	-1	While r Nat while r	e. PLACE OF INJURY (AT HOME, FARM, STREEF, F.	ZII. LOCATION Street of K.	F.D. No. City ar Tawn	Contrib 21018
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icoté sicic plea J, an	160	WAS DECEASED EVER IN JS AR es. po, or unknown) (If yes give:	MED_FOR(ES? wer or dates of service)	16b. SOCIAL SECURITY			Address	1 0111
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rSIC aspi aspi cert hed hed	WED	(If either, not fy med col exom 21d INJURY OCCURRED 21e	ner) P.M. PLACE OF INJURY		TORY.) 21f LOCATION Street	et or RED No	City or Town	County State
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	l.			ND STATE DEPARTMEN		
1/		06174	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREE	T, BALTIMORE, MARYLA	ND 21201
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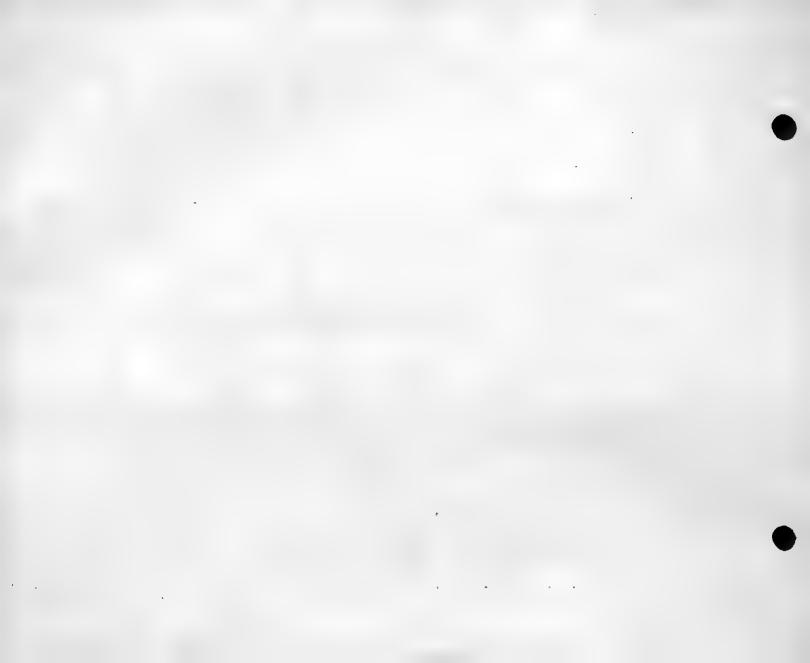


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	١.	06175 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6171
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R: A		22a. I certify that (I) (this hospital) attended the deceased from 5 1967, and that in (my (our) opinion death occurred an the date and causes stated above, (I) (we) (did) (dig nat) view the bady after death	, that (I) (we) last I have ond from the
OR ATI		226 SIGNATURE  226 SIGNATURE  ATTENDING  DIRECTOR  STAFF  PHYS.  22c DATE SIGNATURE	NED 7/69
O HOSPITAL O Page 4 moy be O FUNERAL DIF director, page Should be filed		22d. PHYSICIAN'S NAME (Type) 22e ADDRESS	
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VR A15	24	FUNERAL DIRECTOR  250 RECD BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 3.516 NATE  250 RECD BY REGISTRAR 2.516 NATE  250 RECD BY REGISTRAR 3.516	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06176 CERTIFICATE OF DEATH 0617 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH death 2b. HOUR The law requires that the death certificate be executed within 24 hauss after death (Type or print) Month SARAH ELIZABETH WALLER April 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost birthday) MON1HS White July 12, 1924 Female 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED X NEVER MARRIED attending physician and campletely filled for sermit. Then plegas temove carban paper an, ar remaval, and in anylevent, within 72 USA Maryland WIDOWED -DIVORCED WICOMICO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Peninsula General Hospital during most at working life, even if retired)
Housewife INDUSTRY Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d NS DE CITY UMLTS? 13e STREET AND NUMBER Wicomico Salisbury YES 😿 NO 510 Washington Street Marvland and in any 14 FATHER'S NAME M ddfe Lost IS, MOTHER'S MAIDEN NAME First Middle Alonza E11a Thomas Α. Larmore 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (husband) Address Yes, no. or unknown) burial, crematian, ar remaval, 216-16-7162 Mr. Horace E. Waller, Salisbury, Maryland no 18 CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) PART I DEATH WAS CAUSED BY signed by the attendii burial transit permit. IMMEDIATE CAUSE (o Conditions, if any, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES 🗔 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medica examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Mat while 220. I certify that (1) (this hospital) attended the deceased from saw the receased alive an\_ 969, and that in (My) (aur) apinion death accurred on the date and hour and fram the covses thted abave, (1) (We) (did) (did not) view the body after death. 226 SIGNATU 22c DATE SIGNED STAFF /1969 April DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS Salisbury. M. Beardsley Maryland 23c NAME OF CEMETERY OR CREMATORY 23n. BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) Salisbury, Wicomico, Maryland April 11,1969 Wicomico Memorial Park 24 FUNERAL DIRECTOR **ADDRESS** HOLLOWAY & COMPANY, SALISBURY, MARYLAND



	06177		5, 301 W. PRESTON STREET, BAL		
	0010		CERTIFICATE OF DEATH	, , , , , , , , , , , , , , , , , , , ,	06173
1.	DECEASED NAME FINANCE (Type or print) NAN	rst Middle	WALLEY WALLEY	20. DATE OF DEATH  April 15, Doy	2b. HOUR
3.	SEX Female	4. RACE Colored	S. DATE OF BIRTH  8-19-1	6 AGE (In veors	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED [34] NEVER MARRIED	9. COUNTY OF DEATH	
"	MACYCAND  CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	WICOMICO	Μd
	Salisbury	give street address) Deer's Head	State Hospital during n	At OCCUPATION (Kind of work done nost of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
od od	o USUAL RES DENCE (Where deco mission) STATE Maryland	eosed lived, if institution: Residence before 136. COUNTY Talbot	e 13c CITY OR TOWN 13d INSIDE CTY		11:7
	. FATHER'S NAME First	M.ddle Lost	15. MOTHER'S MAIDEN NAME		Lost
	JAMES	SKINNE	R CARRIE	THOMAS	5
16	Yes, no, or unknown) (If yes gr	RMED FORCES? 16b. SOCIAL SECURIT 226 - 61. 7	1 1	Address	
	18. CAUSE OF DEATH (Enter	only one couse per time for (o), (b), and (	d))		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	ISED BY. DIATE CAUSE (o) Bronchopi	neumonia, Right Lun	g	2 days
	1	DUE TO, OR AS A CONSEQUENCE O	F		
	Conditions, if any which gaves to immediate couse (a		Thrombosis Due to	Arteriosclerosis	8 months
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		YING 216. TIME OF INJURY	21c HOW INJURY OCCURRED (Ente	or nature of injury in Port 1 or Port 2, It	tem 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. Month Doy Yes miner) P.M.	or 19		- ,
MA	While Not while	Te. PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING FTC		,	County State
	22a. I certify that (4) (	this haspital) attended the decea	sed from October 28, 196	00 to April 15 19	oy , that (1) (we) last
	saw the deceased	ve (N (we) (did) (dix) Nix) view the	_IY, and that in (iffiy) (aur) ap	inian death accurred an the dat	te and haur and from the
	22b. SIGNATURE	A Curo ( Curo ) Wild 1941 A sew 111	o oddy unor dount.	22r D	IATE SIGNED
	1/1/	Walde !	DEGREE PHYS	MED STAFF DIRECTOR PHYS A	715/69
	22d. PHYSICIAN'S		22e. ADDRESS	Ma	ryland
	NAME (Type) L. T	Maldve, M. D.	Deer's Hea	d State Hospital,	Salisbury,
23	o BJRIAL, CREMATION, 23	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d 1DCATIDN (City or Town)	(County) (State)
L	BEMOYAL (Speyly)	4-19-69 Ric	HARDS	EASTON TALE	
24				BY REGISTRAR 256 REG STRARS S	SIGNATURE
	Durona x.00	whill - EASTON, MO	, 2/60/ DATE AT	PR 1 8 1969 ACL	may Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06174 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month delay h. nd 3 ta (Type or Print) WEST JAMES 4-18-69. DEATH MATED IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6 AGE (In years F UNDER 24 HRS 2d HOUR 3. SEX 2c. DATE PRONGUNCED DEAD PM3. SSI STINGOY)
YRS 18 Year 69 12-26-10 Male AA 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH countral Wicomico DIVORCED [ WIDOWED [ 18. Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY General Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER deoth land 2 with 13b COUNTY Wicomico Rt. 2, Purnell St. Md. Salisbury YES NO after First Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last pages hallirs should be forwarded to the Chief Madical Examine 160 WAS DECEASED EVER IN ILS. ARMED EORCES? 165. SOCIAT SECURITY NO. 17. INFORMANI APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary occlusion sudden event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove rise to immediate cause (a), in any i This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse O III O PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) o remayal, CERTIFICATION pe ∎seq 20. AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate, YES 🗔 NO IX Б 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, P.M. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form street, 21f LOCATION Street or R F D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy .... Inquiry 🔼. Inspect on K and in my apinian funeral director. Suicide . Natural causes X. Accident ... Homicide Undetermined manner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURA** April 21, 1969 M.D. Earl L. Royer DEPUTY MEDICAL EXAMINER ealth EXAMINER'S Salisbury, MdADDRESS(Street, city, town, or county) Camden Ave. 1109 NAME (Type) o 🛎 230 BORIAL, CREMATION 23b DATE 23c NAME ESCATION LEITY OF TOWN) (County) nuc 24 FUNERAL DIRECTOR **ADDRESS** 25b REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR Booker West Funeral Home, Salisbury, VR A15ME (5)

				D STATE DEPARTMENT OF		•
1		06179 DIVIS	ION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201	
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y bed y bed if led		22d. PHYSICIAN 5	2 0,1400	DEGREE PHYS 22B ADDRESS	DIRECTOR LA PHYS LA	7 27 01
PITA mo RAI F. Pe		NAME (Type)		PINE BI	luff Rd, SAL	ISBURY, MA
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly be a may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remainshauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any	23a	BURIAL CREMATION, 23b DATE REMOVAL (Specify)	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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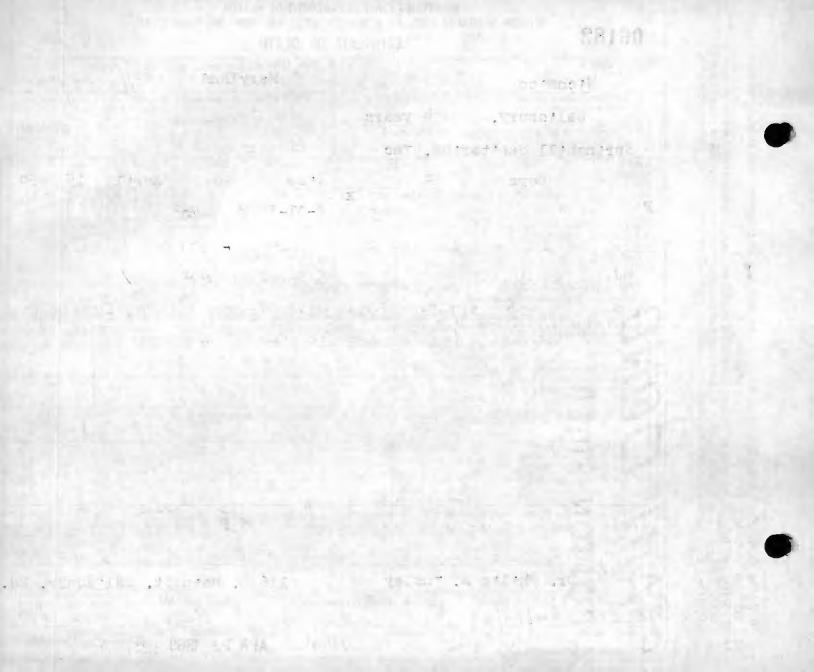
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ng r	14	FATHER'S NAME F 151	M. ddle Lost	1.01	NOTHER'S MALDEN NAME F		Lost
2		Isaac	Samuel Will	ems	Fani		Jones
3	100.	WAS DECEASED EVER IN J. S. A. es, na, ar unknown) (II yes gro	wor or dates of service)		ORMANI(Son)	Address	
	=	No	220-28-09		Preston C.	Williams, Salisb	APPROXIMATE INTERVAL
		IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	on y one couse per line for (a), (b), and i	(d)	21	,	BETWEEN ONSET AND DEATH
5		, FMMEI	DIATE CAUSE (0) LEFE DICE	1 arte	-4 THIOI	nbasis	2 min
5		Candidana it and subish and	DUE TO, OR AS A CONSEQUENCE O		,		
E E		Conditions, if any, which gave use to immediate cause (a)	(D)	-105C	10513	<u> </u>	
5		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE (	OF .			
		-	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT DELATED TO	Ur Trouble Dictass Once	DUDITION CIVEN IN DART 14-)	
		TAKE 2 OTHER SIGNIFICANT C	OMDITIONS CONTRIBUTING TO DEATH BUT	NO KELATED TO	HE TEKMINAL DISEASE OK C	UNUTTON GIVEN IN PART I(0)	
	T 0.	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20g AUTOPSY?	20b IF YES, WERE FINDINGS CO	NICIDERED IN CERT FYING
,	CERTIFICAT			T CIT OTT THE	YES NO E	CAUSES OF DEATH?	NONDERED IN CERCITING
		21a. ACCIDENT WAS JNDERLY		21c. HOW		noture of injury in Part 1 or Part 2, in	tem IB.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. Manth Day Yenniner) P.M	ar	,	, , , , , , , , , , , , , , , , , , , ,	-,
	MED	21d INJURY OCCURRED   21		FACTORY.) 21F LOCA	TFON Street or RFD No	City or Tawn	County State
		While Nat while at work	1 - 1 - 1 1 1 1 1 1 1 1	1.6	( c)	S-1,-12-12-12	
		saw the derensed	this haspital) attended the deced	sed from _	hat in (my) (que) anir	num death accurred an the dat	to and hour and from the
			ve,(1) (we) (did) (d(d not) view th	e bady after de	ath.	nan acam accorrea an Ine agi	ie and hour and half life
		22b SIGNATURE	107	140		22c D	ATE SIGNED
		Thuse	1 (loteun)	DEGREE		ED STAFF Apr	·i1 <u>28</u> /1969
1		22d, AHYSICIAN'S NAME (Type)	/		22e ADDRESS	N11	
/		DI.	rank Weaver			, Maryland	
	230	BURIAL, CREMATION, 23b		F CEMETERY OR CE		23d LOCATION (City or Tawn)	(County) (State)
	01		oril 29,1969 Wicom		rial Park	Salisbury, Wicomi	The state of the s
	24	FUNERAL DIRECTOR HOLLOWAY	ADDRE & COMPANY, SALISBU		LAND 250 REC'D BY		
Y		IIOEEOM/II		,	DAME! I'V &	30 1969 10 Cliant	An Cudar. :



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06182 06178 CERTIFICATE OF DEATH be executed within 24 hours ofter death. by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Maryland Wi comi co MARYLAND b. CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 15 c. CITY OR TOWN (Mautside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town)
Salisbury vears e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? JAN 5 Springhill Sanitarium Within The YES NO ond completely fi remove carbon NAME OF First Middle Last DATE Manth Day Year DECEASED 19 69 Wise April Dora and in any event, (Type or print) DEATH SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED rthday) Months Hours N WIDOWED DIVORCED puo 106. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRIHPLACE (County & State, or foreign country) please during most of working life, even if retired) COUNTRY? **JNDUSTRY** DUOKILESPER otte ST RED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certifico removal, Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attendin OR ATTENDING PHYSICIAN: The low requires that the death permit. (Yes not ar unknown) (If yes give war andates of service 0 cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) þ be retained by the hospital or attending physician. DUE TO burial, Conditions, if any, which gave (b) nise to immediate cause (o), DUE TO for use as the t Health prior to b stating the underlying cause this certificate has been lost. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 2Do. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH o 3 should be detoched with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (State) (County) Haur a.m. factory, street, office bldg., etc.) Nat While at wark After 1968 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at P DIRECTOR: saw the deceased alive an M, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. be filed 22d. ADDRESS Page 4 may b 22c. PHYSICIAN'S TO FUNERAL Philip NAME (Type) Tnslev E. Main St. Salisbury. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION, 235 DATE THEREOF 230. 2So. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06179 DECEASED-NAME First Middle Last 20. DATE OF DEATH death. 2b. HOUR be executed within 24 haurs after death funeral and pup (Type or print) HERBERT THOMAS WISE 8:50AM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 NRS May 11, 1911 last birthday) HOURS Male Colored 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED E papers. country) Virginia within 72h IISA WIDOWED -DIVORCED [ WICOMICO filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Deer's Head State Hospital physician and completely from please remove carbon during most of working life, even if retired.)
AULO BODY WORKET INDUSTRY completely Salisbury Automobi le and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE Maryland NOX Box 860 Caroline Preston 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle last Unknown Sina Wise OR ATTENDING PHYSICIAN: The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) 231-12-3593 (If yes give war or dates of service) Roberta Wise, Preston, Maryland remaval 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the right lung - terminal permit. 6 months crematian, ar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the the haspital or attending 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO TO YES far use this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. State Dept. of 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County Stote While Not while at wark at wark 22a. I certify that XI) (this hospital) attended the deceased from April 16, 19 69, ta April 16, 19 69, that XI) (we) last saw the deceased alive on April 16, 19 89, and that in (my) (our) opinion death occurred an the dote and hour and from the FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDING Page 4 may be retained by r, page 3 shauld I be filed with the S couses stated above. (A (we) (did) All XXV view the body ofter death. 22b. SGNATURE 22c. DATE SIGNED ATTENDING STAFF 4/16/69 DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Maryland NAME (Type) directar, p C. H. Winnacott, M. D. Deer's Head State Hospital, Salisbury 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOWALI(Spelify) April 19,1969 Jonestown Cemetery Near Preston, Maryland 0 PR 3 0 19 25b. REGISTRAR'S SIGNATURE 1969 Milanter Indge tedlialaburers

MAKTLAND STATE DEPARTMENT OF HEALTH

